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PHILIP MILLS JONES, M. D.

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JANUARY, 1904.

EDITORIAL NOTES.

A NEW YEAR.

The JOURNAL is more than glad to felicitate every member of the Society upon the completion of its first year of life, and to extend to all its heartiest good wishes for a still more profitable New Year. From a mere child in long clothes, the Society has grown in one year to a pretty vigorous youth, representing the potential strength of something over one-half of the eligible physicians of the State. Its growth has been phenomenal and is increasing with marvelous rapidity. The last issue of the JOURNAL was several hundred copies larger than ever before, yet the additions to the list of members from the time the order was given to the time the JOURNAL was mailed were so many as to practically exhaust the December issue. Since the 1st of September nine county societies have been organized, with a total membership of 152. And it is not so much the actual as the relative membership, for these county societies have enrolled about four-fifths of the eligible physicians in their districts. That is good solid progress. The Register of Physicians has been issued and is a pretty good book. It will be issued every year, by the Society, and with the co-operation of county society secretaries can be made even more accurate than the present volume. We are considering the addition of physicians of Oregon and Washington, and making the Register a Tri-State Register. What do you think of the idea? The compliments of the season have been earned; we hope they will be even more deserved this time next year.

PITHY PAPERS.

The editor has attended several meetings for the organization of county societies, and has been struck by one thing more particularly than any other—the desire of the physicians who get together to form such societies to omit the long, tiresome papers compiled from text books or journals, and to confine the work of the society meetings to short, pithy papers or reports that deal with practical questions and actual experiences. That is just what we all really need. Some men seem to have the diabolic faculty of putting together a mass of stuff making a paper of great length which is painful to even read for the printer, when everything that they had to say could have been said in one-tenth of the space. No one cares for such dissertations, for as a rule they contain mighty little real meat and a whole lot of fat and sinew. Mere length does not necessarily mean real merit. The JOURNAL is going to try to leave out these long papers of the sort indicated, and to keep its pages for papers of genuine worth of the practical sort, or papers that have sufficient merit to justify their length. All papers read at county society meetings should be sent to the publication office of the Society. If they are good, they will be published; if they are not, they *should not* be published. We cannot guarantee to publish every paper sent in, but if you will see to it that all papers read are sent to us, we shall certainly keep you well supplied with pretty good food for mental digestion. Start the new year right by acting upon this suggestion, and then size up the JOURNAL on the completion of Volume II.

SUITS AGAINST THE EXAMINERS.

On December 7th, before the Supreme Court sitting in bank, was called the case, *ex parte* Gerino, *habeas corpus*. For Gerino appeared ex-judge Garoutte, and in defense of the statute Mr. Charles Wheeler made the argument upon the briefs prepared by attorneys Tait and McGuire. The contention of Mr. Garoutte was that the law regulating the practice of medicine was unconstitutional, for the reasons that (1) representation upon the Board was unfair and special legislation, the regular school having five members and the other schools but two each. And (2), that the clause in Sec. 5 of the act (as printed on page 181 of the Register), beginning "Said Board may, in its discretion accept and register * * * without examination," etc., is class legislation and allows the Board to discriminate against an individual. To the first contention the reply was made that all governments had found the necessity to legally restrain and confine the practice of medicine to those who are properly qualified; that such regulation is a police measure; that the carrying out

of the law is a duty and not a special privilege, and that the Legislature had the right to delegate its power of appointment to such persons, associations and corporations as it saw fit. That the personnel of the Board might be composed entirely of members of but one school, and that any one of the three, or of any proportion of these three schools. Numerous decisions on the point, from cases in other states, were cited. To the second point the answer made was that the Examiners are public officials and sworn to do their duty impartially; and that the clause allowing the Board to register without examination Dr. A., and refuse to register without examination Dr. B., both from the same State and having the same credentials, is exactly identical with a similar clause in the Code governing the admittance of lawyers to practice law, in which the discretionary right to admit without examination, or to require an examination, at its pleasure, is vested in the Supreme Court, in dealing with those who enter this State to practice law, having been admitted to the bar of another State. Mr. Hodghead, attorney for a regular medical school located in San Francisco, which is also suing the Board on a question of the constitutionality of the act, appeared and asked to file a brief in the present suit, as some points had been raised which were involved in the suit already pending in the lower court. The Court allowed ten days for the attorneys on both sides to file amended briefs.

NEW LAWS OR OLD?

About 2250 B. C., Hammurabi, King of Babylonia, established certain laws which he embodied into a code, inscribed upon stone stelæ, and set up in the principal cities of his domain. We are rather inclined to look upon medical legislation as somewhat modern; that is because we do not know any better. In Hammurabi's time, medicine was specialized; surgery was a distinct branch of the science; quacks and pretenders were known and legislated against. From advance sheets of a translation of these laws by Prof. Harper, President of the University of Chicago, we read: "If a physician operates on a man (*please note that the physician did not 'operate a case' in Hammurabi's time!!*) for a severe wound with a bronze lancet and saves the man's life, or if he opens an abscess (in the eye) of a man with a bronze lancet, and saves that man's eye, he shall receive ten shekels of silver (as his fee)." But, under the same circumstances, if he causes the man's death, or destroys the man's eye, "they shall cut off his fingers." That would tend to discourage unskilled operators and experimental operations. In 1508 the Royal College of Surgeons was authorized by charter to examine those who would practice medicine and physic, and to issue license to those who were found qualified. This would not have been done had it not been found necessary, nor would Hammurabi, 4154 years ago, have had need to discourage quacks, had they not existed. Yet, in this year of grace 1904, there come those who practice medicine and physic, and they stand before the highest court in the State, in the persons of their attorneys, and say they prefer to have no law governing the practice of medicine. This is indeed a progressive age, when educated men will strive to put the commonwealth back of the time of Babylonia; to make us lose what has been gained in 4154 years!

A VITAL QUESTION.

One of our youngest component societies—Merced County Medical Society—discussed, at its first meeting, one of the most vital questions in the whole range of medicine: The status and abuse of the secret proprietary preparation. This involves the right of the physician to imperil the life of his trusting patient by giving him, as medicine, stuff, the composition of which no one knows save the unlicensed maker. At a recent annual meeting of the state society of an Eastern State, the President, in his address, deplored the fact that drugstore prescription files disclosed the fact that nearly one-half the physicians, who should know better, were either writing for out-and-out nostrums, or for the nearly as bad proprietary mixture, of which the exact composition is unknown. "Why cannot physicians write their own prescriptions?" Why, indeed! Why should they, who, in many cases, refuse to wear ready-made clothing, prescribe misfit ready-made medicine of unknown composition? That question is consigned, by most people, to the same category as the query as to the composition of Frankfurters. Yet the solution of the former question is far less difficult than that of the latter. The reason is that the manufacturer of this stuff possesses no circulating medium other than monetary, and no heart save one branded and patterned with dollar and cent marks. Also, he is a wily business man, and he has hundreds of tricky and unscrupulous ways of using the medical profession as an advertising bureau, and of prostituting physicians to his own nefarious ends. The only glimmer of hope comes from a recognition of the truth of Lincoln's statement that "you cannot fool all the people all the time." The subject is suggested as a profitable one for other county societies to discuss. A safe rule to follow is to solely prescribe perfectly known drugs and medicines; and if a manufacturer declines to advertise the ingredients or the formula of his preparations, conscientious physicians can do nothing less than refuse to prescribe them.

ETIOLOGY OF YELLOW FEVER.

Last month the JOURNAL published a short note on the correspondence relative to the claim of lack of proper recognition of his aid by Mr. J. C. Smith, of New Orleans. The whole matter is rather muddled, but it appears that there was an effort made by one or two men connected with the Yellow Fever Institute of the P. H. and M. H. Service to omit any recognition of Mr. Smith in their published report. This should not be regarded as a slight upon the Service, for a better body of men does not exist than the gentlemen of this Service. But now the question is still more muddled, for Dr. Carrol has stated his belief that the organism found by the Institute, and claimed by Mr. Smith as his very own, is really nothing more nor less than a yeast organism, and has nothing to do with the causation of yellow fever. If that be the case, what becomes of the contention of Mr. Smith, and should he then have just ground for complaint, or should Working Party No. 1 abuse him for being led astray by the Smith false gods? Or should Working Party No. 1 first apologize to Mr. Smith, and then Mr. Smith offer his excuses to Working Party No. 1? In either event, what causes yellow fever? And further, what is the poor muddled critic to say? It is to be hoped that all connected will immediately become very busy and clear things up a little.

CONSTITUTION AND BY-LAWS.

A very important portion of the proposed Constitution is that contained in Article III, Section 5, published last month and to be found on page 417, December JOURNAL. The adoption of this section will mean that all "members at large" and "permanent" members will have to join a component county society within one year. It is simply carrying out in full the spirit of reorganization. The State Society is to be made up of those who compose the various county societies, and is, in fact, to be an association of county societies. The Board of Trustees, acting under instructions from the House of Delegates at the last meeting, has referred this matter to an attorney and has received his opinion as to the legality of the step proposed. In the attorney's opinion the Society has the legal right to adopt this section and thus compel its members to become members of component societies, if they do not already hold such membership. There can be no special legislation, so this ruling must apply to permanent members. At the present time, however, there are but four members of this class who are not also members of county societies. It is hardly fair to the other 1,400 to hold up the matter of organization simply on account of four.

Another section in question is Section 6, Article I of the By-Laws, printed on page 418, in the last issue. This section introduces honorary members. Shall there be any such? Is not an honorary membership a purely empty honor? We have no members of this class, at the present time, and it is not likely that we will have. Is it not better to leave out this section, and to have no members at all save those who are members of county societies? This section is taken from the present By-Laws and is given in the draft suggested, not because the committee thinks it desirable to retain the provision, but because some members may have further ideas on the subject.

Under the present Constitution and By-Laws the Trustees fix the amount of the annual assessment upon county societies. The suggested document places that duty upon the House of Delegates. The probable expenses for any year may be approximately estimated by the Council at the time of the annual meeting, and the House of Delegates be advised of the estimated budget. The Delegates can then fix the amount which they are to assess their county societies.

Article V, dealing with the Council, is an exceedingly important one and has been given long and careful consideration. The publications of the Society have grown, even in one year, to be a large and important business. They can be built up far beyond their present status, and without cost to the Society. But all this means a vast increase in the amount of business detail, and the present arrangement for transacting such business is not at all convenient. It would be satisfactory if the Society was not doing any more than it has in past years, but the JOURNAL and the Register are by no means small undertakings. The growth of the JOURNAL and the added work entailed by the publication of the Register have caused a great deal of work to pass through the publication office. In addition to the regular work attached to the publications the Editor has been asked to energetically prosecute the work of organization of county societies, and necessarily that entails more detail. As a result, all of the petty cash transactions are settled from the JOURNAL income, and must subsequently be adjusted by the cumbersome process of, (1) a resolution of the Trustees, (2) notice to the Secretary, (3) a warrant drawn by the Secretary, which is (4) then sent to Los Angeles for the signature of the President, and then (5) forwarded to the Treasurer. At the lowest, this consumes ten days. A large business cannot well be built up or maintained on such a cumbersome foundation. Consequently, in the document submitted, all the business of the publication office is placed in the hands of an Editor (under bonds) and would be protected by a system of vouchers and warrants, under the supervision of an auditing committee

of the Council. The committee has assumed that it is the desire of every member of the Society to build up as good and as fine a JOURNAL as it is possible to secure, and to compile and publish each year as nearly perfect a Register and Directory as may be. To secure these results the whole work is placed in the publication office, in charge of a regularly employed Editor who is responsible to the Council's auditing committee. The Publication Committee is done away with. At present, the Publication Committee is supposed to be in full charge of all publications; yet it has no authority to spend, and no control over, any money. The Trustees are supposed to provide ways and means for the Publication Committee, yet they have no control of the publications. The existing state of things cannot be changed before April, when it will be up to the House of Delegates to say whether a less archaic business system shall be in order, and whether the enlargement and improvement of the publications shall go on. Some of the Trustees, the editor and the business manager have been going over figures and discussing the situation, and they feel pretty sure that the JOURNAL can soon be made a semi-monthly, and later a weekly journal. This cannot be done, however, unless the whole matter is placed on a good sound business basis. Read carefully sections 1, 3 and 7, of Article V of the By-Laws, for they cover this question. If they are adopted, it will mean that the publication office will collect and account for its own earnings, and pay its own bills, without reference to the Treasurer of the Society. It will place the publication office in the same relation to the State Society as is the office of the American Medical Association *Journal* to the A. M. A.

Another point in the portion of the By-Laws printed this month is the question of Councilor Districts. The number of Councilors is fixed at twelve, in order to permit of having nine districts and three Councilors at large. The term of service being three years, it is necessary to have such a number of Councilor Districts as will be a multiple of three. The present system is to elect the Trustees from congressional districts. The objections to this are that there are but eight congressional districts, and that the number may be changed from time to time, in which case we should have to alter our By-Laws. The arrangement of Councilor Districts given in section 8 is temporary and will hold only until the Councilors are elected and arrange the Districts, as provided in Section 5, Article V. The arrangement suggested is one made after careful consideration of geographical distribution, and membership representation. This will be apparent upon consulting a map of the State. For instance; 1, San Diego, Riverside, Orange and San Bernardino, naturally fall into one district; Santa Barbara, San Luis Obispo and Monterey are along the line of the coast division and fall into a natural district.

Section 7 permits the Council to transact its business by mail. This is the method by which the present committee for the revision of the U. S. Pharmacopeia transacts its immense amount of business, and it has been found perfectly satisfactory. Each member votes on every question raised, after he has received all the information which he may request, and his vote is then recorded. As soon as sufficient votes are recorded to either pass or defeat the matter in question, such information is sent out by the Secretary and the result is recorded. It is believed that this plan will be found satisfactory and will effect a great saving in the time of the members, and in money to a number of them. The present Board of Trustees has had fourteen meetings, and many of the members have come from a distance to attend them, thus losing both time and money by so doing. Pretty much all of the business transacted at these meetings could have been done quite as well by mail, in the manner suggested. There are now several questions to be decided, which will necessitate another meeting of the Board, probably before this goes to press, and they could be as well settled by mail.

EXAMINATIONS FOR LICENSE.

The general results of the last examination held by the State Board of Medical Examiners, in this city, on the 2nd, 3rd and 4th of December, are of interest, and some comments and suggestions by the Board demand attention.

At this examination there were 68 applicants, representing men from colleges all over the United States. Four men were over 50 years of age, and of these two were over 60; but the majority of the candidates was in the neighborhood of 30 years. Of the 68, 45 passed, 17 failed, and 6 were conditioned, making the total percentage of those who were not licensed practically 34, and this is close to the usual average of previous examinations.

In pathology the candidates were weak in describing gross specimens and in interpreting radiograms. A radiogram of the leg bones was mistaken for the femur by one man and for the humerus by another. Another candidate considered that a specimen of the bladder, ureters and kidneys was one of the uterus, tubes and ovaries. These, of course, are extreme instances, but are not the less important because of that.

Bacteriology was poor, and errors were made in the recognition of typical stainings, the specimens having been selected from the cabinet of a practitioner not a member of the Board.

Medicine was better, but was not up to a satisfactory standard for a subject of such importance.

In obstetrics, surgery and materia medica the showings were good, as they were, too, in physiology, the questions in the last subject having been very easy.

The Board comments on the fact that most of the candidates wore badges or insignia of schools, colleges or secret societies, and some wore more than one of these. It is an effort to attract the attention of the Examiners and to obviate the action of that clause of the medical law which arranges for an impersonal examination. The Board objects to the practice, and candidates should know this, and should understand that the act is detrimental, rather than otherwise, to their chances. No candidate will herald the fact that he comes from a mediocre school, and one from a school of the highest standard may be thought to ask for the most rigid of tests. The badges of secret societies may be equally unfortunate, for the number of members is insignificant compared with the number of non-members, and the attempt to evade the law indirectly and establish a special association may result in an unconscious rigor on the part of the Examiners.

In this connection the Examiners call attention to the practice of candidates coming to call and presenting cards of introduction *before the examination.* It is a mistake committed by many practitioners in the State—the giving of such cards to prospective candidates, introducing them to individual members of the Board. It is almost tantamount to saying, "This man is a friend of mine, and I want you to know him and that—." It may easily embarrass an examiner. In the effort to allow for the influence of the knowledge that a certain candidate has influential friends the examiner may be stricter in his marking than he otherwise would be. The only introduction a candidate can possibly need is to the Secretary of the Board, who is not an examiner.

The medical law is working well, and can be made to work better; the profession must individually and collectively hold up the hands of the Examiners, and must frown down even these little means of evading any of the intentions of the act.

THE BUSINESS OFFICE.

While it was not the purpose of the State Medical Society in starting the JOURNAL to make of it a revenue producer, it was hoped, nevertheless, to place it eventually upon a self-sustaining basis. That hope has almost been realized, and that upon the completion of but its first year of existence. To those unfamiliar with the business of publishing, this result may not appear to be an unusual achievement, but to those who are in the business the success attained will be regarded as little short of phenomenal. There are an almost innumerable number of monthly publications much older in years than the STATE JOURNAL that are being produced with the profit and loss balance very much on the wrong side of the ledger, and there is doubtless a large proportion of the State medical journals issued at a very considerable expense to the societies.

A unique combination of circumstances has made the publication of this JOURNAL possible at a comparatively small outlay.

Every one, however, connected with the JOURNAL, including the printing-house, has striven to make its appearance commensurate to the high character of its contents, and in that respect the JOURNAL takes no second place. But, after all, the credit for success is largely due to the advertisers. From the first the STATE JOURNAL was recognized as being most valuable as an advertising medium; and the steady increase from a page or two for a start to the 20 pages in this issue, attests the estimation with which it is regarded by those who seek the surest means for reaching the leading physicians of the Coast. Several advertisers have notified the publication office that sales have been made directly traceable to their advertisements in the STATE JOURNAL, and the constantly growing number of sanitariums, hospitals and resorts, colleges and schools—in fact, the various enterprises and institutions represented in the advertising pages—conclusively proves that their value is being more and more generally recognized and appreciated. The stand taken that only ethical matter could find place in the advertising pages has been productive of the best results, and proves that decent advertising is not only possible, but is profitable in the end to the medical journal that refuses to contaminate its pages.

CITY AND COUNTY HOSPITAL SITE.

The movement is well started to retain the present site of the City and County Hospital in San Francisco as the place for the erection of the new buildings. On the 6th of November Dr. Vincent P. Buckley, the chairman of the Hospital Committee of the Board of Health, introduced a resolution, which was unanimously adopted, rescinding the action previously taken in recommending the Almshouse tract. Concurrent with this, another resolution, which was also adopted unanimously, recommended to the Supervisors the site of the old hospital as "the most suitable for the new buildings." This opens the question fairly, and now two points come up for settlement. Can the money gotten from the sale of bonds, which were voted for the building of a hospital on the Almshouse tract, be used for the building of one on the old site? This question must not be lost sight of, and should be settled at the very begin-

ning. The next point is, will the residents of the Mission withdraw their objection to having the hospital remain with them? The JOURNAL in November pointed out that even if a new hospital be built on the Almshouse tract, the Mission site will have to be kept as a hospital site by the city, and Dr. Buckley states that with the City and County Hospital out in the country, two emergency hospitals would be needed in the Mission. These facts must have some weight with the Mission Improvement Clubs, which will be the organizations to agitate and, to a great extent, to settle this point.

Surely of equal importance to this action of the Board of Health is that of the Merchants' Association. The *Merchants' Association Review* for December says:

Since San Francisco voted to issue bonds for the construction of a new City and County Hospital there have been numerous complaints about the proposed site. Persons interested in providing the best accommodation for the sick poor declare the site in the Almshouse tract is a bleak, foggy and inaccessible region, to which no well man ought to be consigned, to say nothing of persons needing medical treatment, and rather than locate the hospital there, the Supervisors would better submit the question to a new vote, if that should be found legally necessary. In order to obtain a trustworthy opinion the Merchants' Association has referred the matter to the leading physicians of the city, and has taken a poll of a large part of the medical fraternity. This vote utterly condemns the Almshouse tract as a hospital site, standing at present at 246 against it, and only 53 in its favor—almost five to one. In addition to the votes, the association has received nearly 100 letters from physicians, most of which are strongly against moving the institution from its present location.

The Merchants' Association, an independent voluntary organization, having, as its history shows, the best interests of the whole city in view, and not only the interests of to-day, but the prospective interests of the future as well, is a most powerful and practical champion for the welfare of the class of the people who have to go to the city's hospitals. It can do much more than the Board of Health, or the Board of Supervisors, or any newspaper in shaping public opinion, for it has a very catholic representation of the public in its organization, and each member may easily become an efficient missionary. The medical practitioners, too, must act, and the idea that property can be injured by the proximity of a modern hospital must be combated.

Altogether the JOURNAL is pleased with the progress in opening the question, and will report and comment on the evolution of the matter.

CASES OF TUBURCULOSIS OF THE GENITO-URINARY TRACT, WITH REMARKS.*

By GEORGE CHISMORE, M. D., San Francisco.

IMPROVED methods of diagnosis, together with a clearer recognition of clinical symptoms, have brought us to the conclusion that tuberculosis of the genito-urinary tract is far more frequently encountered than was formerly believed; that such cases are always prolonged in duration, rebellious to treatment, and grave in character. Can they, or any of them, end in recovery? For one, the writer believes this possible. How often do we see some aged person bearing the incontestible evidence of having had a tubercular hip or knee-joint in childhood. Is there any just ground for supposing that so happy a termination may not be possible in some of the tubercular lesions of the genito-urinary tract? From our present point of view, it is too soon to satisfactorily determine this point; years must elapse before it will be finally settled, for the observations covering an adequate number of cases over a *sufficient length of time* are not yet at hand.

The two great camps of the profession—those who believe in prompt surgical interference and those who rely on general measures alone—have each published statistics of results, but both are open to that great source of error—premature claims for cures. I have known a case of tubercular epididymitis operated upon and all suspicious indurations removed and the result pronounced a "cure." Within two years thereafter this patient died of a tubercular ulcer perforating the intestine. Is it too much to assert that the surgeon's knife may possibly, in such cases, transform a local into a general infection?

As a slight contribution to the knowledge upon which final conclusions must rest, I have ventured to bring before you a few cases that have been under my care for a considerable period of time, and of which I am able to state the present condition. They are very imperfect; but, as they represent some very different types and seem at least to show that it is possible for a person afflicted with undoubted tuberculosis of the genito-urinary tract to live for years a useful life without surgical attempts to remove the infected organs, I have thought them worthy of notice. The exciting causes in Cases Nos. I, II and IV appear to have been traumatic falls and muscular strains; the heredity was not at all marked. In case No. I, in which there was no tubercular tendency in the patient's ancestry, it seems worth mention that one of his children—his daughter—married a man who had had tubercular epididymitis, for which he had been curetted a year before with apparent recovery. He died within a twelvemonth of tubercular perforation of the intestine, verified by autopsy, and his widow soon after began to void urine frequently. I saw her in consultation and was able to prevent all local treatment, even

*Read before the American Society of Genito-Urinary Surgeons, Washington D. C., May, 1903.

catheterization; tubercle bacilli were found in her urine, proved by culture, at times for several months; but she suffered only from the frequency. Her general health was not impaired. After two years she married again and is now in good health, and has a remarkably strong, healthy boy, a year old. No. III followed La Grippe, and No. V was preceded by a stricture.

Frequency of micturition was the marked feature in the early symptoms of Cases Nos. I, III, V and VI, in all of which the kidney or bladder, or both, were involved. In others the disease appeared to be limited to the scrotal contents, and this symptom was not present so long as urethra was not invaded by instruments or irritants. In Case I micturition was *never* painful to the patient, and he was never sounded, crystoscoped or washed out. In Cases III and V voiding the urine was very painful and each local treatment or exploration greatly aggravated that symptom. Observations like this have led me to abstain from all local measures that are not imperatively demanded in cases of suspected tuberculosis of the genito-urinary tract, and, to my mind, this explains the fact that the prostate gland has been so seldom affected in the course of the cases that have come under my observation. The woodeny feeling of a tubercular mass in the scrotum makes diagnosis in such cases easy, but it is often a weary wait before the tubercle bacillus can be found where the malady is restricted to the deeper structures. The pale, turbid, pus-laden urine, of light specific gravity, and the persistent character of the disease appear to be symptoms to awaken suspicion of tuberculosis, when coupled with frequent micturition without demonstrable cause.

TREATMENT.

I have but little to offer in regard to treatment, regarding it as *wholly expectant.*

The patient or his sponsor is frankly told that the course of his malady will be very long; that an outdoor life, regular habits, avoidance of exposure and fatigue, sensible exercise, active or passive, will do more for him than medication. There will be times when his doctor can prescribe with benefit, and alteratives, anodynes and tonics, play their part. Cod liver oil in full doses and long continued is, I am sure, beneficial; in those of my patients who were anemic, massage has seemed of service; in short, the attempt is made to put the patient in the best form compatible with his surroundings.

Because I believe that surgery and all local treatment are bad for him, I warn him strongly against it. Because I firmly believe he has a good chance to get well under this plan, I make my utmost effort to make him believe it also. Fortunately, like all cases of tuberculosis, it is easy to inspire such patients with hope.

Case 1.—I. M. S., aged 55, American, married, manufacturer. Came under my care January 1, 1892, on account of frequent, but painless micturition and the turbid condition of his urine. No previous treatment. Family history negative. Several months previous, being in his usual good health, he fell through the hatchway of a ship, hurting his left side over the kidney. Soon after he began to suffer with a "dull drawing pain" in the left lumbar region and along the course of the left ureter; at the same time he began to pass urine more frequently, and he noted it was no longer clear and that it had a disagreable odor. He lost weight rapidly, and found his capacity for work greatly impaired. At times the pain was quite acute, but for the most part it was "only wearing." He was at the head of a very large concern; a man of great ability, the most intense activity, and of cheerful, hopeful temperament. Tuberculosis of the injured kidney was suspected, and an examination of the urine gave 1420 c. c. for the 24 hours voided in 17 times. It was pale, turbid, offensive in odor, neutral, sp. gr. 1013. It contained a trace of albumen, 21.63 gms. urea, much sediment, a few blood and many pus corpuscles; no casts; no tubercle bacilli were found, nor indeed in a great number of subsequent examinations for a very long time thereafter. No local treatment was adopted, nor any instrumental examinations made, as I felt sure of the tubercular nature of the case.

He gradually grew worse and weaker, and was forced—very reluctantly—to diminish his labor greatly. The micturition *remained painless*, but increased in frequency, until February 5, 1894, it is recorded at 43 times during the 24 hours, and was, he believed, at times oftener than this. In the summer of 1893 he called my attention to a hard, woodeny mass in the left epididymis, which he declares was subject to great fluctuations in size, although not painful. Several other similar lumps soon appeared in the epididymis and cord, and he grew so much weaker that he spent the most of his time in bed. One of the masses underwent suppuration and broke externally—or rather, after the parts were thinned and almost broken, I tapped it with a small incision, taking care not to go beyond the limits of tubercular infiltration. Prof. D. W. Montgomery examined the discharge from the abscess and "found so many tubercle bacilli present that there cannot be doubt of the nature of his affection." Although the course of this complication has been marked by but little local pain, it was very indolent and prone to recurrence. Hydrocele appeared to a moderate degree and was drawn through a puncture from time to time, always taking care to avoid the tubercular deposits. For several months the sinus opened and closed, the induration slowly diminishing, until at last, after nearly a year, a putty-like mass was pushed out and the abscess healed soundly. During this period the frequency of micturition began to diminish; he gained flesh and strength and got about and at work again.

On June 19, 1895 he voided urine 18 times in 24 hours. It was now very easy to find tubercle bacilli in the urine. The pain in the lumbar region had gone, nor has it since returned. In August, 1895, he went to Japan on very important business, and I accompanied him. At first the voyage seemed to do him good, but later frequency increased, and for the first time he began to complain of weight and pain in the perineum. There was also some rise of temperature and occasional rigors. Soon a swelling appeared behind the bulb in the perineum, and on September 27, 1895, after having 48 hours previously divided the sound tissue, I laid open the inflamed mass; a few drops of pus escaped and the urine passed freely by the wound to the amount of one-third

of the whole quantity voided. After this he gained rapidly, although the wound was several months in closing. Since early in 1896 he has fully resumed his occupations, and now declares that he never felt better in his life.

An examination made April 25, 1898: General appearance excellent. Heavier than ever before. "Working hard." Slight indurated mass in left epididymis, also in right. Perineum soundly healed. Prostate gland normal to the touch. Has no pain. Excellent appetite. Sleeps well. Sexual powers normal.

Analysis of urine, same date: Total quantity of 24 hours 1550 cc., voided in 12 times, pale yellow, translucent, odorless, acid, sp. gr. 1011. Trace of albumin. Urea 18.65 gms. Pus corpuscles plentiful; few blood. Tubercle bacilli present. In a note he says he is of the opinion that his average is not more than 10 voidings in the 24 hours.

April 25, 1902: This patient continues in excellent health and has remained well since the above report. Once within the last year there was slight "heaviness" in the perineum for a few days and a small sinus opened, discharged a few drops of pus and then healed soundly.

On February 13, 1903, he passed 1320 c. c. in 13 times, pale yellow, cloudy, strong odor, faintly acid, sp. gr. 1008. Trace of albumen. 17 gms. urea. Copious sediment, pus rather plentiful. No bacilli found.

On the night of April 24, 1903, this patient was taken ill with a looseness of the bowels. His family physician, Dr. M. Herzstein, prescribed and sent him to bed; there was no temperature nor pain. The next day he was better, but passed from the bowels a little blood, and later a large tarry motion; that night and the next morning he was in good spirits and seemed all right; towards nightfall there was a little mucus, and the following morning he declared himself well. During the day the urine was normal in quantity and presented no unusual change. That evening his daughter noticed it was difficult to awaken him. The doctors came at once and found him profoundly comatose, and he remained unconscious until his death, a few hours later.

Case 2.—P. C. M., aged 22, American, student. Grandmother said to have died of consumption; no other history of tuberculosis in family. Had gonorrhea, accompanied by swelled testicle in left side, in 1895. Saw him first May 25, 1895, for acute epididymitis of the right side, attended with great swelling and much pain along the cord, which he thought was caused by violent exertion while swimming a few days before. Under rest and cotton dressing covered by rubber, the swelling soon subsided; the pain disappeared and he went to the country. Some time after, following violent exertion, the swelling returned, an abscess quickly followed, which opened spontaneously, and he came back to me June 27, 1895. The testicle was as large as a small orange. Globus major hard and woodeny. On the superior, anterior wall of the scrotum near the raphe there was an irregular, circular, perforating ulcer three-quarters of an inch in diameter, through which a considerable portion of the testicle protruded. The organ presented the characteristic appearance of tubercular ulceration, although repeated examination for tubercle bacilli gave negative results. He improved under my care until August 13, 1895, when I left the city for a two months' vacation. The swelling had greatly diminished, but there was no attempt at repair in the ulcer. My partner, Dr. E. C. McConnell, next saw him September 4, 1895, at one of the private hospitals, having been called in consultation. A diagnosis of tubercular orchitis had been made and ablation proposed, a proceeding to which the patient was most vehemently opposed. He had been under the observation of the attending surgeon about ten days, and it is interesting to notice *repeated examinations had failed to demonstrate the tubercle bacillus.* In this connection it is well to say that so able an observer as Prof. D. W. Montgomery, also a consultant, failed to find the tubercle bacillus, although there was an entire agreement as to diagnosis based on the macroscopic appearance. A conclusion was reached to defer the operation 10 days, pending which time the patient ran away from the hospital and shortly afterwards came back to my partner, who placed him on cod liver oil; and on my return, October 12, 1895, I found him slowly mending. Gradual improvement continued, and in November following, for the first time, the tubercle bacilli were found. During the next few months the swelling subsided, the opening closed, followed by hydrocele that required tapping several times. He put on flesh and regained strength, and had no further trouble until June, 1896, when he reappeared with a beautiful clap. He was placed on large doses of sandal-wood oil, cautioned against all local treatment, and was doing fairly well, when, at the recommendation of a friend with an experimental knowledge of the virtues of sulphate of zinc, he tried to hasten matters by an injection. This was followed by swelling of the right testicle, and, for the first time in his case, frequent, though painless, micturition, and both the gonococcus and the tubercle bacilli were found in his urine. Subsequently this ambitious young man acquired another urethritis, from which he recovered in due time under sandal-wood oil. During this last attack both the gonococcus and the tubercle bacilli were in his urine.

Examination, April 11, 1898 (three years after first examination): General health good. In fine flesh; eats, sleeps and works as well as ever in his life. According to his statement, his sexual powers are "too good." His testicles are about normal in size. Woodeny knot in left globus major as large as an almond; smaller one in left cord just below external ring. Right testicle normal, but little cicatrical mark on the site of the former extensive scrotal ulceration.

Examination, April 4, 1903 (eight years after the attack): In excellent health. Voids urine three times daily. Small lump, not characteristically tubercular, is felt at the lower end of the left epididymis.

Examination, November 5, 1903: Still in excellent health. Difficult to find any tubercular deposits in scrotum.

(To be continued next issue.)

New York and New England Association of Railway Surgeons.—At the thirteenth annual meeting of the New York State Association of Railway Surgeons, held at the Academy of Medicine, New York, November 12-13, 1903, a vote was taken and unanimously carried to change the name of the association to New York and New England Association of Railway Surgeons. This change will greatly extend the good work of the association and the many benefits to the surgeons and railways in this territory should be mutual. Dr. C. G. J. Finn, Hempstead, L. I., was elected president and Dr. Geo. Chaffee, 338 Forty-seventh street, Brooklyn, secretary. The meeting in 1904 will be held in New York.

The Bacillus of Dysentery—It seems to be generally admitted, judging from the reports from experimental laboratories, that the bacillus of dysentery (Shiga) is the cause of sporadic, endemic and epidemic dysentery. There is still some question, however, as to whether or not there may be recognized more than one variety of the dysentery bacillus.

PERITONEAL ADHESIONS.*

THEIR SYMPTOMATOLOGY, PATHOLOGY AND PREVENTION.

By E. E. KELLY, M. D., S. F.

ASEPSIS has been the inspiration of much bad surgery. It has made safe, as far as the life of the individual is concerned, many operations which were formerly attended with a very high mortality. It has stimulated the performance of many operations that were formerly considered unjustifiable. A low mortality has become synonymous with good surgery. Many a victim of the scalpel is suffering more from the results of his operation than he did from his disease, while his case is used to swell the statistics of "successful operations" of the enterprising aspirant for surgical honors. It is not a certain indication of a good surgeon that the aspirant for such honors can open the abdomen one hundred times without a fatality. More surgical skill is required to determine when to advise operation and when to advise against it, than is embodied in the mechanics and anatomy necessary for its performance. The success of a surgical procedure should be measured by the net saving of human suffering and the restoration of the individual to his sphere of usefulness, rather than by the hair-breadth escape of the victim from the hands of the undertaker.

In no other part of the human anatomy can the reproach of bad surgery be seen so often as in the abdominal cavity. No more frequent source of chronic invalidism after "successful operations" can be found than that due to adhesions in the abdominal cavity. Many a mysterious and inexplicable disordered function of the abdominal organs, and much of the harassing and irremediable pain in the abdominal cavity is due to peritoneal adhesions. I would not imply that adhesions are largely due to bad surgery, though some undoubtedly are the result of careless and unskillful operations. Many cases are the result of accident and inflammation following infection.

We now recognize that "peritonitis saves life, while sepis kills. Peritonitis builds barriers against invading hosts, while absorption overwhelms the organism with infectious products." But, while we recognize this preventative process of nature, we also find that it leaves chronic invalidism behind. The peritoneum secretes and absorbs fluids, permits free movements of the viscera upon one another without friction, while at the same time anchoring the abdominal organs to their proper positions. The functional activity of the digestive organs depends largely upon the health of the peritoneum. It is also the bodyguard of the abdominal cavity, ready at a moment's notice to throw out exudates to protect wounded viscera or to summon an innumerable army of leukocytes to imprison, transport or destroy any invading infection. It erects barriers against an advancing foe and limits its field of action. To preserve intact, when possible, this most important membrane and to restore it, when operative assault is imperative, should be the constant effort of every conscientious operator.

Peritoneal adhesions result from injury or infection. Byron Robinson has proven by experiments upon rabbits that handling the intestines, or slight friction of the endothelium, such as that occasioned by sponging, is very often followed by adhesions. Harris has shown by experiments upon the lower animals that bacteria which are non-pathogenic where the endothelium has been undisturbed, become pathogenic after irritation of the peritoneum, even though no microscopic lesion is apparent. Senn by experiment learned that adhesions between serous surfaces occur very rapidly, in from six to twelve hours. These adhesions were found to be preceded by an exudate of plastic lymph which cements the serous surfaces. Between raw surfaces or a raw and serous surface the adhesions are Nature's reparative efforts and are firmer and usually more rapid than where the serous surfaces adhere.

Some investigators insist that all adhesions after surgical procedures are the result of infection; while others hold that mechanical and chemical irritants occasion them without infection. There can be no question but that bacteria cause leukocytosis and the exudation of the plastic lymph from which adhesions form. That adhesions may occur without infection is equally certain. Walthard, of Berne, has made elaborate experiments upon cats and rabbits of great value in determining the etiology of peritoneal adhesions. His experiments were performed with the greatest aseptic precautions possible. His first set of experiments was upon rabbits in which abdominal hysterectomy was performed, exposing the peritoneal surfaces of the utero-vesical pouch to the air, but avoiding contact with sponges, hands of the operator, or other foreign body. In every case, adhesions in the vesico-uteral pouch resulted. He then performed the same operation upon six rabbits, but turned the uterus out of the wound, protecting the peritoneal surfaces with hot pads wrung from hot normal salt solution. Post-mortem examination six days later showed that no adhesions had occurred and no exudate was thrown out. His next experiments were the exposure of omentum and fundus of the bladder to the air for twenty minutes by drawing the mouth of the abdomen through a small incision. Twelve days later adhesions were found in every case between omentum, fundus of the bladder and abdominal incision, but none between intestinal coils which had not been exposed to the air. Another set of cases with similar ex-

*Read at the Thirty-third Annual Meeting of the State Society Santa Barbara, April 21-23, 1903.

posures was made, with the exception that the exposed viscera were protected by hot pads wrung from normal salt solution. No adhesions occurred. Exposures were then made of the viscera to filtered and disinfected air, with the result that adhesions formed in every case. He then used the same apparatus and subjected the exposed viscera to steam at a temperature of 38° C. and in every case adhesions were absent. Walthard concludes that exposure of the peritoneum to dry air is productive of adhesions, while steam and normal salt solution applied constantly to exposed surfaces prevent adhesions. These findings are in accord with the conclusions of Turck, who experimented upon the lower animals, investigating the susceptibility of the peritoneum. In his experiments he found that nonpathogenic germs became pathogenic upon peritoneum exposed to dry air, and that moist heat maintained the normal resistance of the membrane. Turck further found the impossibility of rendering the skin aseptic, but proved that no germs remained after complete cleansing which were pathogenic to the organism, unless shock, undue loss of blood, or exposure to dry air, had lowered the natural body resistance. Therefore, shock, loss of blood, exposure of the peritoneum to dry air, as well as bacterial infection, are etiological factors in the production of adhesions.

The symptoms of peritoneal adhesions may be so slight as to pass unnoticed, or so severe as to produce fatal intestinal obstruction. Pain is a very common and persistent sequel to abnormal adhesions in the abdominal cavity. It is usually referred to some one locality, or is manifested by certain positions or movements of the body.

A recent case illustrating this symptom was encountered in a lady who had suffered from recurrent attacks of appendicitis for many years. She remembered that since girlhood she has been unable to stand erect or lift her right arm above her head when standing, without a drawing pain in the right iliac region, also that extension of her right leg was followed by the same sensation. The appendix was found to be firmly adherent to the right broad ligament and its removal was followed by complete cessation of the former symptoms.

Indigestion and vomiting are frequently the result of adhesive bands which interfere with normal peristalsis.

A case of this kind was observed in Mrs. S., who, some years before I saw her, had, in lifting the marble top of a table, felt something give way in her right side. The accident was followed by severe pain. A few weeks after the accident she began suffering from what she thought was indigestion, with frequent attacks of vomiting. At the time I first saw her she was greatly emaciated and unable to walk any distance without intense pain. Upon opening the abdomen, adhesions were present binding and constricting the ascending colon. Release of the adhesions was followed by relief of all her former symptoms.

Constipation is probably the most common and persistent symptom of adhesions in the abdominal cavity. It is especially noticeable in women upon whom pelvic operations have been performed, by reason of adhesion about the rectum.

An interesting case of this kind was exhibited by Mrs. T., who had had nephrectomy of the left kidney performed through the abdominal route. She had suffered since the operation with most obstinate constipation. In attempting to pass the proctoscope over the promotory of the sacrum the instrument passed through the rectal wall. An immediate repair was made and the cause of the accident, as well as of the constipation, was found to be a firm peritoneal band binding the rectum upon the sacroiliac junction. Fortunately the accident was followed by a favorable result and the constipation of years standing was relieved. I do not recommend such heroic measures as a common remedy for constipation, even though in this case the result was satisfactory.

Intestinal obstruction more or less complete is a not uncommon sequel of peritoneal adhesions. One author reports that thirty-one patients with intestinal obstruction, of whom five died, occurred in a series of 421 abdominal sections and 148 vaginal hysterectomies. Sir Spencer Wells admits having lost one and one-tenth per cent. of patients in his first thousand abdominal operations, from obstruction of the bowels. It must also be kept in mind that the evil effects of adhesions may not manifest themselves for years after the operation causing them. Shively, of New York, reports a case of fatal obstruction of the bowel occurring five or six years after an ovariotomy in which the intestine became adherent to the abdominal incision, persistent and severe attacks of colicky pain and obstinate constipation had persisted from the date of the operation. Burrell, of Boston, reports a case of total obstruction of the bowel five months after operation, the patient being well in the interval. Bidwell, of London, reports a case of obstruction occurring four and a half years after operation. Doubtless many fatal cases of intestinal obstruction occur which are not recognized, but are attributed to peritonitis and intractable vomiting. This latter symptom should always make us suspicious of obstruction of the bowel.

Peritoneal adhesions may stimulate other conditions, an interesting instance of which I wish to record.

Mrs H., aged 48, had suffered for some considerable time before coming under my care, with what she termed "stomach trouble". For a number of months she had been losing weight, vomiting frequently after eating, and suffering great distress when she did not vomit. Her skin was assuming the parchment yellow color so often seen in malignant diseases and her strength had so failed as to keep her in bed. Upon physical examination, a hard nodular mass was easily felt in the region of the pylorus. Examination of the stomach contents after a test meal showed complete absence of hydrochloric acid and the presence of the yeast fungus. From these symptoms it was easy to form a probable diagnosis of cancer of the pylorus. Operation was advised and submitted to. Instead of a carcinoma of the pylorus, peritoneal adhesions were

found which knuckled the first part of the duodenum, thereby causing a partial obstruction of the organ. Perfect restoration to health followed the release of the adhesions.

How to prevent these serious sequellæ had led to much experimentation, which has developed many helpful suggestions and some ingenious and unique methods of preventing them.

The abandonment of the *en masse* ligature, which a few years ago was the universal practice in operations about the female pelvis, has been attended with a great reduction in the number of serious peritoneal adhesions. No careful surgeon of the present day would leave a large pedicle without an effort to cover it over with peritoneum. The separate ligation of the vessels with the burial of all raw surfaces under adjacent peritoneum is an indispensable part of the toilet of abdominal operations not now neglected by conscientious workers.

It is scarcely necessary to insist upon the most rigid asepsis, since the role of bacteria in the production of adhesions is universally admitted, but even this does not prevent some bacteria from access to exposed surfaces. Turck has proven that hands of the operator, the linen about the field of operation after use, the skin of the patient, will produce cultures of bacteria after the most rigid disinfection possible. Therefore, it is highly essential to protect exposed serous surfaces by hot moist pads; to avoid handling the exposed organs as much as possible; to maintain the bodily heat by protecting the patient's trunk and limbs, and by keeping the temperature of the operating room sufficiently high. Turck recommends the use of hot water bags in the abdominal cavity instead of gauze pads or sponges, because they maintain the heat better and thus sustain the normal organic resistance and prevent shock. It is generally admitted that the use of antiseptics in the abdominal cavity, by their irritation of the endothelium of serous surfaces, renders these surfaces more susceptible to infection; consequently they should be abandoned. All blood clots should be removed, since they may become organized and cause adhesions. At least one case of fatal intestinal obstruction has been traced to this cause. Careful preliminary preparation of the bowels is of great importance in preventing auto-infection and in bringing the excretory organs to their highest efficiency. Careful replacement of the intestines in their natural position is of great value, since pseudo-ileus and total obstruction of the intestines are usually the result of adhesions of the bowels in abnormal positions. Filling the abdominal cavity with hot salt solution has been suggested as a valuable means of floating the intestines into their normal position. Every operator has observed that the most extensive adhesions may be present between intestinal coils which lie in their natural position, without causing interference with peristalsis. Such adhesions are very common in tubercular peritonitis.

(To be continued next month.)

WHAT IS CONSERVATISM IN MASTOIDITIS?*

By W. S. FOWLER, M. D., Bakersfield.

AS an intelligent understanding of the language used, and a practical agreement on the meaning of specific words or terms in our premise is necessary in sustaining any argument, I have endeavored to learn what is usually understood by "Conservatism" when the word is used in connection with surgical treatment of disease.

Inquiry among surgeons shows a decided difference of opinion on this point. Several among those whom our profession delights to honor as leaders, coincide in accepting the interpretation "That operative treatment which conserves most in health, function, comfort and well being with reasonable insurance against recurrence"; but quite a number, well known as authors and teachers, are better satisfied with the generally accepted political definition, "A disposition to maintain and adhere to an established custom"; and, as there seems to be no established custom in the treatment of mastoiditis, I must appeal to the society to accept the first definition given, as being more in accord with surgical principles and much more comprehensive than the latter.

The position of the self-named conservatives in the management of this disease, judging from recent reports of their work, seems to be one of masterful inactivity and expectant treatment carried to an extreme never before heard of since surgery became a science. In one series of cases reported, the surgeon seems to take pride in seeing how grave a case can be reported as recovering without operation, even describing patients in so deep a stupor from the effects of the disease that "they can scarcely be roused and could not talk intelligently when roused". Those of you who have cared for such cases, and they come to the lot of every general practitioner at some time in his career, will appreciate the gravity of the condition described, and while I do not deny that a patient of this kind may recover without operation, doubtless there is no one in hearing who would postpone active interference longer when such symptoms present themselves and there is no doubt of the diagnosis.

It is as a protest against the evil influence of such reports that this paper is written and it is a matter of much surprise to the writer that there can be any hesitation in the mind of any up-to-date man as to the proper course to pursue when the diagnosis has once been made. Why should this disease be singled out as an exception to those rules so well recognized as conservative in

* Read at the Thirty third Annual Meeting of the State Society, Santa Barbara, April 21-23, 1903.

general surgery? With pus in cellular tissue, in the abdominal walls, in the periosteum of bones, the sheaths of tendons or even in the cavities of the body, modern surgery has demonstrated that early evacuation and thorough drainage is conservative treatment, and wherein does mastoiditis differ from these? In gravity only, perhaps, for where loss of function may be the result of expectant treatment in many cases in other portions of the body, life itself is at stake in most cases of mastoiditis.

No operation opening the cranium can be considered a minor one, for with the irregular positions and malformations of the parts involved, the possibility of injury to adjacent and important structures and the dangers or complications of the anesthetic, they are always of gravity and not to be undertaken lightly nor without good and sufficient reasons. When after or during an otitis purulenta, pain, redness, swelling, or tenderness over mastoid, singly or together with other symptoms, cause us to make a diagnosis of mastoiditis and free drainage from the middle ear does not exist, Paracentesis tympani is accepted as the proper procedure. The case has become a surgical case, and this effort to establish drainage is only a tentative one illustrating and indicating the methods to be followed if this operation is not attended by an amelioration of the symptoms. That this is conservative treatment in the minds of all writers on the subject there seems to be no doubt, and having made an opening sufficiently large to accomplish the result desired, we are sometimes able by the application of heat or cold to restrain inflammatory action and pus formation. Further surgery seems unnecessary at the time, and recovery seems to take place; but if the symptoms do not ameliorate, rather grow worse and the process of pus formation is not checked, shall we wait and pray that success will attend our waiting, continue the application of heat or cold and hope for better things until symptoms of sepsis, general or meningeal, make their appearance and the case has become one of such gravity that the life of the patient is in jeopardy? As surgeons you will say that such a course is but little less than criminal and the medical attendant should be censured for what must become fatal neglect.

Delay is usually dangerous, and this condition is not an exception to that rule. From the near vicinity of the brain to the location of the primary infection, the atrum, and the presence of large blood vessels in close proximity, the complications of septicemia, epidermal suppuration, sinus thrombosis, phlebitis, meningitis and brain abscess are to be feared; and please note, the only question separating the self-styled conservatives from the others less holy, is one of *time*. After waiting long enough for the symptoms of exceeding gravity, an operation (if not too late) is recognized by all as the proper procedure; then why wait? If after paracentesis the symptoms do not change for the better, why expose the patient to further danger, why not open the mastoid and relieve the condition?

In the hands of a competent operator, the operation does not endanger the life of the patient, while the presence of the disease unabated certainly does; and suppose a possible recovery even after grave symptoms have intervened, will not such a patient retain an increased susceptibility to subsequent attacks, and has he really regained as satisfactory a condition of the organ involved as would be assured him after a thorough operation?

Personally, I am sure from experience with those who have avoided operation by the advice and with the co-operation of the do-nothing surgeon, that the result is much more satisfactory when the operation is promptly performed.

The position I take is that mastoiditis is and can be only a surgical disease, and that its treatment differs in no way from other surgical diseases of similar nature, and that conservative treatment consists in early and thorough operative procedure.

NATIONAL BUREAU OF MEDICINES AND FOODS.

By H. H. RUSBY, M. D., Dean of the New York College of Pharmacy.

(The following statement from the chairman of the Joint Committee of the American Medical and the American Pharmaceutical Associations gives a *resumé* of some facts in connection with the present status of the discussion of this most important question. The pharmaceutical journals, which doctors seldom see, have devoted a great deal of space to this matter, and many of them that formerly bitterly opposed it, have now come to see its absolute necessity, if the tremendous interests involved are to be properly met and dealt with. It is not certain that the organization proposed will be perfected exactly as planned, but it is absolutely certain that the chaos of present commercial conditions will eventually necessitate the formation of some such Bureau of Standards as is here suggested. Some of the matter here given has appeared in the *Western Druggist*.)

To the Editor of the State Journal: **Following the meeting of the American Pharmaceutical Association, at Mackinac Island, in August last, where the committee on a proposed National Bureau of Medicines and Foods made its report and was continued for further work, the pharmaceutical journals of the country have commented extensively on the proposition under consideration by the committee. As but little space seems to have been given to the matter in medical journals, and as physicians seldom see pharmaceutical journals, I should be very much pleased to have you publish the following discussion of the principal points raised in this connection. The *Western***

Druggist printed a long and sweeping condemnation of the whole matter, in its editorial pages, and some portions of what follows have been elsewhere published and are directly in reply to this condemnation. The comments of that journal would not be specially cited here, were it not that they are merely typical of most statements and contentions made by those who either do not fully grasp the project, or are biased in their attitude toward it, or have a preconceived antipathy. As is usual in all such cases, the editor in question, like many others who have opposed the establishment of the bureau, makes admission of all that is contended by the committee, and then seems to forget what he has admitted. Much of the balance of "argument" is simply either general non-specific denial of the practicability of the project, or is erroneous statement based upon a biased view or a lack of understanding of what is really proposed as set forth in the published statement of the plan of the bureau. The American Pharmaceutical Association unanimously passed the following preamble and resolution, and all statements contained in it remain unquestioned:

"Whereas, The foods and medicines supplied in the United States do not so uniformly agree with proper standards of purity, quality and strength as they should; and

"Whereas, A degree of distrust and want of confidence concerning the quality of such foods and medicines prevails to a discouraging extent; therefore it is

"Resolved, That a more perfectly organized system for remedying the above-mentioned conditions than that now existing should be devised and put into operation."

The other resolutions introduced by the committee were referred to the council, definite action being deferred till next year.

Before commencing his sweeping condemnation of the plan as proposed by the special committee, the editor of the publication in question discusses the foregoing general proposition in such a clear manner that I will beg your permission to quote from him.

"The need of an agency with powers adequate to cope with the gigantic evils which so seriously threaten health and life through deficient medicines and foods is unquestioned. The joint committee was none too severe in its characterization of these evils and was clearly in the right in demanding immediate and effective remedial measures."

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"The necessity of remedial legislation being conceded, as it is by practically every reputable manufacturer in the country and by all others who have given the subject earnest and disinterested thought, the question is what form shall this legislation take? Shall it be that of state legislation, federal enactment or the proposed Bureau of Medicines and Foods acting with or without governmental co-operation? Laws by the states have been tried and when wisely drawn and intelligently administered have been productive of great benefit, but for causes which need not here be enumerated, their collective influence at the best has been restricted and their benefits offset by evils which have reduced the net results to very questionable value. The thorough remedy is, we must conclude, not to be found in state legislation.

"As to federal legislation it must be confessed the results thus far have not been very promising, though the splendid work of Dr. Wiley in the Agricultural Department in the establishment of a chemical laboratory equipped with expert and administrative features of unquestioned efficiency indicates in a degree the possibilities of fearless and thorough national legislation in this direction."

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"The proposed bureau, according to its authors and promoters, was to be organized as a corporation governed by a board of ten directors, five to be appointed by the American Medical Association and five by the American Pharmaceutical Association. A joint committee from the two associations had previously been appointed to formulate a plan for the work, and it was on the report of this committee that the A. Ph. A. was requested to take action. The plan is given in detail in our news columns. In brief it provides that the bureau, constituted as before stated, shall examine into the quality of the products of all manufacturers of medicines or foods who shall apply for associate membership in and become members of the bureau and that the bureau shall attach its certificate or label to *all such products as shall conform to the established tests of purity and quality* . The bureau does not propose to take official notice of impurities or adulterations, but proposes to refer such information to the proper federal authorities for such action as present or future federal legislation may justify. In other words, the bureau proposes that its work shall be exclusively commendatory and never directly condemnatory, thus avoiding the risks and labors incident to prosecutions and any civil or criminal liability for unwarranted accusations."

Thus it is evident that even the strongest opponents of the bureau idea admit every essential point in the argument. First, the vital necessity for dealing in some competent way with the dangers of the situation. Second, that legislation of whatever kind has not been able to cure the evil, and probably will not go far toward achieving that end. Third, that the bureau would label only such products as conform to established standards and tests. Fourth, that it would keep out of much profitless and costly legal complication by turning the condemnatory work over to the Government, where it properly belongs, and attending only to the commendatory work.

The whole question at issue can be thus stated: Shall our food and drug supply be purified by a system of only condemning the bad, or of condemning the bad and commending the good? The editor in question demands the former, and incidentally accuses the bureau of cowardice and confessed incompetency, because it will not assume this responsibility. This charge is denied on the following grounds:

1. It is evident that the American Pharmaceutical Association would not authorize the organization of a condemnatory bureau. Even after the plan has been so drawn as to eliminate this feature entirely, the association is still fearful of some possible complication, and makes this groundless fear the chief reason for hesitating to take definite action.

2. No means exist for publishing such condemnatory statements, as the journals, both medical and pharmaceutical, refuse to publish what may offend their advertisers.

3. The more important of the objects sought cannot be attained in this way.

4. Condemnation is provided for in the plan presented, and in a way far more effective than that suggested. It is proposed that the condemnation shall come from the Government.

For these, and other reasons, we consider that the most impracticable and injudicious suggestion that has been made in connection with the bureau discussion is this one, that the bureau should resort to a system of condemnations in the way proposed, and especially that it should depend upon that method alone. If support for this view is needed it can be found in the minutes of the scientific section of the association at its last meeting, showing that the important work of that section was held up during a large part of one evening, because its committee on adulteration had reported impurity found

in a product of one of the members present. It is probable that this finding was erroneous, but let us assume that intentional adulteration had been practiced, would not the member have felt so much the more that a strong and prolonged objection was necessary to his reputation? Is the association cowardly and incompetent because it objects to having its work thus frustrated, even if it were willing to ignore the ruinous effects upon its treasury?

Again, the writer forgets that he has already informed his readers that the bureau plan specifically provides for a system of condemnatory authorities with which it proposes to work in association.

The commendatory plan which we advocate was adopted after very careful consideration. Since the plan has been published we have learned that the Department of Agriculture has also advocated the commendatory plan as the best means of improving the quality of the milk supplied in cities.

The chief, and thus far the only real argument brought against the commendatory plan, is advanced by many of the larger manufacturers. They say: "Our name and reputation is such that it is a guarantee of the quality of our products; to place the guarantee of any outside board or bureau upon our packages would be a blow to our pride and to our self-respect." Should such an argument be considered weighty in view of the statements, admitted to be even less than the actual full truth, regarding the dangers of the present situation?

Disregarding for the time the many minor considerations presented in the bureau plan, let us consider the main issue concerning drugs and medicines.

The retail pharmacist is required by the professions, especially of medicine, by the common law and by the statutes of most states, to supply articles which correspond with the U. S. P. standards. If he does not he is liable to fine and perhaps to imprisonment. Most of these articles he purchases from the manufacturer. But the manufacturer is only nominally held responsible. From such technical responsibility as rests upon him he finds it easy to escape. The proof of this is found in the great amount of non-standard goods in the market. Now, is it not to be expected that where so heavy a responsibility rests on the retailer, some corresponding provision for meeting it shall be granted him? What provisions do exist? Nominally there are three; in reality there is none that is more than a farce. Let us examine these three in order.

First, there is implicit trust and confidence in the intention and in the infallibility of the manufacturer. Unless we misunderstand the editor he demands this, and charges any one with impertinence and insult who denies it. If it is sufficient, why do the evil conditions exist which he freely admits? Who, or rather what, are these manufacturers? Are they persons? For the most part, no; they are companies. We have paid our honest respects to the individuals represented in them, hence need make no apology for pointing out that in their business capacity their personality is largely laid aside. They have told us in these words that when they enter their offices in the morning the human heart is removed and one of marble is substituted. They become parts of the machine. The machine has no conscience, no moral responsibility, no soul, no personal attributes except such as are present for business purposes. Just so far as the business managers depart from this principle they are unacceptable to their companies. It is true that many of these companies believe that the exercise of the above attributes is good business policy, but there are many and large ones which do not, which sneer cynically and fiendishly at suggestions of morality in their business; and the existence of one such renders implicit confidence in the class improper. Not one of them thus trusts any other. Each rigidly examines the goods offered him by the others; yet they claim to justly feel insulted if the great army of retailers claims the right of distrusting their goods without examination. And this trust and confidence demanded in these morally irresponsible mechanical institutions is akin to that with which Christians worship their God, a trust on which the pharmacist must take his chance of going to jail if it is misplaced! We make no mistake in denying both the efficiency and the propriety of trusting the manufacturers, and I charge, wishing that every pharmacist and physician might read it, that the demand is itself an insult to the intelligence and independence of every one of us.

The second nominal method by which the pharmacist is expected to meet his responsibility is a proposed system for punishing culprits who are caught supplying non-standard goods. It will help, and for that reason we have provided for it; but it will not accomplish the purpose. There is but one thing that can adequately protect the man who is about to purchase an article on the perfect quality of which his reputation and freedom may depend: that is a knowledge of the character of that particular article. A knowledge that some one else, at some other time, in some other place, has been punished for supplying some other article is not saving knowledge. Common sense teaches that he must satisfy himself that this particular article is standard. Has he any means for doing so? Nominally, yes, actually, no! The Pharmacopeia has, say, a thousand tests designed to be used on such occasions. One or more of these applies to the ounce of extract that the pharmacist may be about to purchase. From two thousand to eight thousand other pharmacists will purchase the remainder of that particular lot of extract. What portion of these thousands can and will apply this test, and the nine hundred and ninety-nine others of the Pharmacopeia in similar cases? The bureau proposes to make one test of that lot and inform the interested thousands of the result.

In this statement is expressed all that there is to the essential nature of the bureau proposition. Let us lay aside all sentimental considerations, and all secondary and incidental questions regarding the measures to be employed, and discuss this one proposition. The alternatives to it are to have the same operation repeated thousands of times by individuals, or not to have it done at all, thus reducing the official tests and standards to the status of a farce. The latter is abhorrent to all and suicidal to the pharmacist. The former is a monstrously wicked waste of material, time and money, which should not be tolerated in this age. The supposition that these tests will be applied constitutes the sole controlling influence in the construction of the Pharmacopeia—in fact, its sole reason for existence. It has been claimed that it is impracticable for a bureau to make so many tests as are involved in its plan; yet the alternative proposition assumes the making of thousands of times as many. By whomsoever made, that claim is pure bosh.

They declare a testing bureau utterly impracticable. We reply that it is absolutely inevitable. We do not know when nor just how it will be established, but it will come by virtue of the necessity for it. We are not time servers. We did not enter upon the present effort with any sanguine feelings regarding an easy and immediate accomplishment. Some pioneers must fall, and our scalp-lock is ready for any who can take it. That will not affect the principles at stake except to advance them. There were grave doubts regarding the advisability of looking to the American Pharmaceutical Association at all. The possibility that it might desert all pharmaceutical

interests save those of the wealthy manufacturers was discussed. But now that a year has been gained for consideration, some progress is likely to be made. When pharmacists shall have come to appreciate the result to be attained, the battle will come on. We predict that for very shame the manufacturers will yet cease their virtual refusal to allow their customers the privilege of examining their goods before purchasing them.

As to the American Pharmaceutical Association, its treatment of this question is now under public observation. Its members, almost without exception, have accepted as true the presentation made unanimously by the bureau committee regarding the grave imperfections in our present medical and food supplies, and which has been reprinted, with open endorsement, by the *Western Druggist*. Incidentally the association's action or refusal to act upon that report will indicate its attitude toward physicians' dispensing, and toward that specifying by physicians to which they claim that they are forced by distrust of existing products, and which, in turn, compels the pharmacist to keep in stock many parallel lines; also toward that wholesale substitution that is a natural, almost an inevitable result. The editor has not referred to these matters, but the bureau proposition has forced them upon the attention of the Association.

It will be a pretty serious business for the Association to virtually send a message to the public, and especially to the American Medical Association, that it refuses its endorsement of the only effective proposition ever offered it for safeguarding the reputation and the business of retail pharmacists, and for harmonizing the interests and practices of pharmacists and physicians, merely because the plan is unsatisfactory to the utterly selfish and unreasonable elements among the manufacturing establishments.

Some of the questions raised by several of the larger manufacturing houses that object to have the certificate of the proposed bureau placed upon their goods, or who object to have their goods investigated and certified by the bureau, are brought out in the article under special attention and may be briefly considered as follows:

1. "What redress would the injured manufacturer of a pure product have at the hands of a bureau without financial or other responsibility?"

There would not be an "injured manufacturer of a pure product." For if the product is pure, the manufacturer would not be interfered with. If the bureau thought something wrong with the product, it would notify the manufacturer first, next satisfy itself that he was *not* the manufacturer of a "pure" product, and then "injure" him by simply withdrawing the use of its labels upon his product. The bureau would not attack any one, and could not injure any one who was honest and really manufactured a pure product. The bureau does not propose to give or deny its certificate to the manufacturer, but only to a specific lot or batch of a certain article submitted to it.

2. "Who would certify to the certificate of the bureau so as to afford a reasonable guarantee that inferior products were not commended at the expense of an honest manufacturer of superior goods?" Answer: The law would do so. The absolute and utter ruin of the party responsible would prevent such action. Each assayer would handle but a few, or even one article, according to the extent of the business in it. He would necessarily become very expert. His name, as well as the bureau's would be signed to all his results. He could be held responsible, and he could hold responsible any who unjustly accused him.

3. "Why, in any case, should any manufacturer join a bureau in which his risk of injury would be directly proportioned to the extent of his prestige and business?" Answer: A hard problem, but one that has been worked out along several lines. In the first place, we believe the hypothesis unsound. The bureau handles a small per cent of the manufacturers' products. If these are correct, his prestige and business in the others are, if anything, benefited. If not, then at least they are not affected in any way. But if he will not so admit, and persists in his refusal, he will be thereby alone convicted of dishonesty and untruthfulness, which will hurt his prestige and his business full more. The editor in question must not try to escape the logic of his argument. He means that the product of two houses is identical in quality, but that one of them has successfully promulgated the falsehood that they are not, and that therefore he should be left to enjoy the proceeds of his falsehood. I say that he will save his prestige and business by refusing to pose publicly in making such a demand. Even if it were not so, how about other classes than himself? Is the bureau, or are its promoters, the agents of the manufacturers in this affair? But, says the editor, you are doomed if you have not the support of these manufacturers. We shall see! We have gone a long way into this particular question, and if others can afford to deceive themselves regarding our resources, we do not.

5. "If the bureau dare not say what is bad, how dare it assume to say what is good? If it dare not condemn, by what rule of equity does it dare to commend?" etc. How much better to have ascertained what we dare and dare not do before holding us up to unmerited contempt! Judgment sometimes takes the place of daring. We dare lay our right forefinger upon the table and chop it off; but we deem it better preserved for the pointing out of errors. We dare, but think it better to tell the manufacturer privately that he is in error, and to secure the correction of the error and its avoidance in the future. If he then persists, the justness of punishment is no longer in doubt; it will come surely and swiftly, and will be all the heavier because that gloves were employed—though "lined with softest wool"—in the handling of the case.

H. H. RUSBY, M. D., Chairman, Joint Committee.

DEATHS.

William M. Warren.

On November 11th died a man worthy of more than passing notice. Mr. Warren was typical of the progressive American boy, whose history is composed of a chance to work, the opportunity to get results, and the ever consuming ambition to advance—to progress. At the age of 17 he entered the employ of Parke, Davis & Co., and when 32 years old was made general manager. He died at the age of 39. For some time he had suffered from a continuous fever, subsequently known to be due to spinal irritation, and an accident brought about an acute attack of spinal meningitis which resulted in death. Dr. E. R. Brackett, of Boston, operated upon Mr. Warren, but only to disclose the hopeless nature of the disease. If success means more than the getting of gold, if it means the accomplishing of results determined upon with a clear head and accurate foresight, then was this man eminently successful. No matter what the field of activity, the life of a successful man, in this sense of the word, is well worth careful study. Success cannot lie in environment, for in all large enterprises the environment is the same for the many, yet only the few reach the goal. I liked and admired the man, though we differed —strenuously. He was a good fighter. *Requiescat in pace.*

P. M. J.

RUPTURE OF THE UTERUS.*

By D. A. HODGHEAD, M. D., San Francisco.

I BRING this subject before the profession not because I have been making any experiments in this line, neither for the reason that my experience has been extensive, nor because I have anything new or original to offer. I present the matter chiefly for the purpose of calling special attention to some errors in the practice of obstetrics, and to emphasize the necessity for certain procedures and the equal necessity for the avoidance of others.

The Chairman of the Committee on Scientific Programme has made diligent search among the members of the society in order to ascertain who was willing to open the discussion on this question, but neither he nor myself has been able to find any one who has met with a case. The accident is a rare one, yet I believe it is now and then met with and not recognized, so that the actual number of cases is most likely greater than statistics would seem to indicate. The accident is not a frequent one in lying-in hospitals. It is most likely to occur in the outlying districts where either no physician is secured, or, if secured, he is found to be too conservative to interfere in the progress of labor.

The many predisposing causes, such as overdistension of the uterus from hydramnios, hydrocephalous, fatty and calcareous degenerations, malignancy, cicatrices, we shall pass over without comment. The determining causes lie in the too greatly prolonged second stage of labor. The only exception is a malignancy of the cervix which prevents dilatation and puts the tissues in a condition to be easily torn. Aside from this, the accident, as I have said, results when the second stage of labor is too greatly prolonged. Whether this has for its cause a lack of proportion between the canal and the presenting part, whether there is a malpresentation, such as an occipito-posterior position, or whatever else may interfere with the advance of the presenting part, it is to be remembered that in the first as well as the second stage of labor only the upper two-thirds of the uterus contracts while the lower third dilates and distends. After the expulsive pains begin the upper two-thirds of the uterus becomes thicker and stronger, while the lower third becomes thinner and weaker. If the progress is not commensurate with the distention the result will finally be that this thinned portion of the uterine wall must give way.

My experience with this accident is limited to a single case, and although this occurred nearly fifteen years ago, all the circumstances were so indelibly impressed upon my mind that the case is yet very clear. It has never been reported and therefore I shall report it now. The patient, Mrs. M., was a woman of Irish birth, strong and healthy, and at the time I was called to see her was in her third labor. The first stage proceeded without any unusual occurrence; the second stage began when dilatation was complete, the membranes had ruptured and the liquor amnii had escaped. The patient gave a history of two difficult labors, but in each was delivered of a living child. The expulsive pains were frequent and powerful. I watched for two hours, during which time the head did not engage. I then determined to interfere and attempted to apply the forceps. The head, however, was so high and apparently so large that I could not succeed in getting the instruments locked. After repeated efforts and failures I desisted and sent for help. An hour passed before the consultant arrived, during which time I had lessened the pains by morphia and chloroform.

The consultant was an aged man of large experience. After hearing the history of the case he advised another attempt at the forceps, which was made by himself, but with the same results that I had already secured. He was not able to lock the instruments. By this time the patient had recovered from the sedatives and the pains had returned with renewed vigor. Within a few minutes, however, I noticed that the pulse increased from 70 and 80 per minute to about 140, and the uterine contractions ceased. My consultant laid down his instruments, rolled up his sleeves, put his hand into the uterus and performed version. He succeeded in a short time in delivering the body of the child. I was administering the anaesthetic. He was unable, however, to deliver the head. He made repeated attempts with the final result that he severed the body from the head, which latter remained in utero. He then asked me to deliver the head. I replied that I considered that impossible under our present plan of procedure, and that there was nothing to do but to crush the head with the cephalotribe or to do abdominal section. He made another effort to deliver, but in a few minutes desisted, and informed me that he was worn out, would return to town and send another physician. I implored him not to do this, but remain with me and let us send for more help because the condition of the patient was getting more and more serious. He, however, persisted and drove away. From that time until another physician arrived, which was fully an hour and a half, I stimulated the patient, but made no further effort to deliver. There were no uterine contractions, and no external evidences of hemorrhage.

When the second consultant came he made an examination and as he turned to me with a look of horror upon his face and asked me to make an examination also, I was satisfied that something very serious had been discovered.

* Read at the Thirty-third Annual Meeting of the State Society, Santa Barbara, April 21-23, 1903.

Upon introducing the hand into the uterus it passed through a rent in the uterine wall and the undelivered head was discovered to have escaped from the uterine cavity and was lying under the stomach. While we were making hasty preparations to open the abdomen the patient went into profound collapse, and in a few minutes was dead.

An autopsy revealed a rupture in the uterus, at right angles to the cervix anteriorly just above the vaginal junction, about two inches in length, and another tear extending at right angles to this along the anterior uterine wall to the extent of six inches, and reaching almost to the fundus. There was considerable hemorrhage, but not sufficient to have caused death. The patient died from shock. It was easy to understand that the long second stage, during which the force of the uterine contractions had been expended in dilating and thinning the uterus, the result was that when turning was attempted this thin portion gave way. It was also very apparent what measures should have been adopted earlier. The head proved to be at least an inch greater in diameter than was any portion of the superior strait, and could not have been delivered except by performing craniotomy. This would have been extremely difficult, since the head was not engaged, and the course which would have offered the patient the best chance for life was abdominal section either during the first stage or early in the second.

I wish again to emphasize the fact that the real cause for rupture of the uterus lies in a prolonged second stage, and to call special attention to the two prominent symptoms of rupture, namely, rapid increase of the pulse rate and the entire cessation of uterine contractions.

DISCUSSION.

Dr. G. A. Cole, Los Angeles—I was very much interested in the report of this case. It reminded me of the report of a case I heard read in 1899 before the British Medical Association on this same subject, by a gentleman who was called in to see a woman who had presented a history of labor some twenty-four hours before. She had had very severe pains and the country practitioner had left her. Twenty-four hours later the author of the paper had been called and found the child in the abdominal cavity, ruptured uterus having occurred. There were two or three very interesting points; first, that the pains had ceased entirely on the rupture of the uterus. The patient had been in such a condition that the attending physician had gone off and left her and had not noticed the rupture of the uterus. And furthermore the patient, after the rupture, had been in such a condition that she was able to walk over a mile. The patient died; the abdomen was opened, but owing to shock and sepsis, the patient eventually died.

Dr. O. O. Witherbee, Los Angeles—I had a case of ruptured uterus exactly like the report, in which instance the second stage was prolonged, pains unusually vigorous and rather free hemorrhage previous to birth of child, but as child passed through there was little or no hemorrhage. On making careful examination, I found a rent of unusual length in the left aspect of the vaginal wall, including the cervix and lower portion of the uterine body. Our attention was directed to it by the free hemorrhage. Fortunately I recognized it in time to prevent hemorrhage of such severity as to cause death, and with the aid of two nurses assisting me, and with pressure from without, I held the hemorrhage in control and fortunately was able to stitch this rent up with catgut. I speak of it merely as it comes to my mind. It certainly did approach abdominal rupture with hemorrhage so free that it endangered the life of the patient.

PERSONALS.

Dr. J. L. Maupin of Fresno, who has been taking a post-graduate course in New York and Philadelphia, returned home on December 15th, and has resumed practice.

Dr. Mrs. Jessie D. Hare, who retired from the practice of medicine a few years ago, has again entered the ranks and become a member of the Fresno County Medical Society.

Dr. J. H. Parsegan, an active member of the Fresno County Medical Society, has located in San Francisco.

Dr. J. R. Liverman, who has been located at Kingsburg for the past year, has removed and is temporarily in San Francisco, taking a post-graduate course.

Dr. C. J. Kjaerbye, a former practitioner of Salt Lake City, Utah, has opened offices in Fresno.

Dr. F. C. Galehouse of San Francisco has located in Fresno, with the intention of making that place his home.

Drs. George McChesney, William G. Moore and Robert A. McLean of San Francisco are in New York. The two former are taking a special course in surgery.

Professor M. Allen Starr, M. D., LL. D., of the Medical Department of Columbia University, of New York, has been elected a corresponding member of the Neurological Society of the United Kingdom, London. Dr. Weir Mitchell is the only other American member.

Dr. James P. Booth has removed from Needles, San Bernardino County, to Los Angeles, and has opened offices in the Bryson Block.

Secret Remedies—"Why cannot the doctors write their own prescriptions and adapt their remedies to the ever-varying exigencies of disease? Why should the vender of proprietary and secret remedies be upheld by so many of the profession, when Edward Jenner, after twenty-two years of laborious experimentation and research, freely gave the priceless boon attained to mankind, and when he could have made countless billions of money from the whole world by dispensing it as a secret and sovereign remedy against a loathsome and desolating scourge?"—William T. Howard, M. D., in An. Add. to Maryland Med. Society.

An obelisk of unpolished gray granite has been placed over Virchow's grave in the old Matthai graveyard, Berlin. It bears on one side a black marble tablet, on which is inscribed "Rudolph Virchow," and the date of his birth and death. A statue of Virchow will also be erected near the place where his scientific work was conducted.

A statue in honor of the eminent French neurologist, M. Charcot, has been erected at Lemolon-les-Bains.

PUBLICATIONS.

The Practical Application of the Roentgen Rays in Therapeutics and Diagnosis. By William Allen Pusey, A. M., M. D., Professor of Dermatology in the University of Illinois; and Eugene W. Caldwell, B. S., Director of the Edward N. Gibbs X-Ray Memorial Laboratory of the University and Bellevue Hospital Medical College, New York. Handsome octavo volume of 591 pages, with 180 illustrations, nearly all clinical. W. B. Saunders & Co., 1903. Cloth, $4.50 net; Sheep or Half Morocco, $5.50 net.

This is far and away the best thing yet published on the subject. One is tempted to say it is really the only book on X-Rays yet written that is really worth paying good money for. The work has been in preparation for some two years or more, and the result of careful digestion of an immense amount of material is evident. To the ordinary user of an X-Ray outfit in general surgical work, many of the refinements of apparatus, technique, etc., here described and illustrated will be a revelation. The first portion, by Caldwell, deals with apparatus, tubes, etc., and contains a general historical resume of the subject. Here even one well skilled in the practical every-day use of X-Rays will find much of both interest and profit. The author discusses the question of static machine vs. coil in a very wise fashion, and frankly admits that it is largely a question of personal preference, though the coil is rather more to be relied upon and is less difficult to keep in order. Many handy and ingenious devices are illustrated. The illustrations throughout are excellent, and those showing tubes working properly and badly, are well colored. The balance of the work is written by Dr. Pusey and is a very up-to-date presentation of the clinical side of X-Ray work. He has gone through a mass of printed stuff and has culled from it most of what is of any value. Here the illustrations are from clinical cases and are very well reproduced. The photographs of patients treated for various skin lesions are most convincing, and it is difficult to imagine anyone denying the usefulness of X-Ray treatment, after merely turning over the pages and carefully observing these half-tone reproductions. In discussing the probable theory as to the cause of X-Ray dermatitis, Dr. Pusey quotes at length from a paper by Dr. Philip Mills Jones, of San Francisco, on this subject, in which the contention is made that these effects are due to absorption of radiant energy. The author refers to one objection to this theory which has been frequently voiced, to the effect that the action of light and X-Rays cannot be similar because X-Rays have but little, and light has a considerable, effect upon bacteria. This contention was answered by Dr. Jones almost before it was raised, and in the portion of his paper which Dr. Pusey has quoted: "In comparison with the X-Rays the ultraviolet rays from an arc light have a very long wave length, and hence will part with all their energy through absorption by the molecules of the superficial cells." Even assuming that the recent discovery of radium and its curious properties necessitates a modification of the original conception of X-Rays as true ether waves of the same sort as light, the fact will still remain that they are a form of radiant energy, and that light is a form of radiant energy, so that the purely theoretic consideration of the question will not be altered save for the substitution of one set of terms for another. The bookmaking is good, aside from the contained matter, and the total net result is the rather unusual one of a medical book that is really worth $4.50!

Bureau of Animal Industry, 19th Annual Report, for 1902. Department of Agriculture, Washington, D. C. The volume contains, in addition to the papers of interest only to the agriculturalist, the following papers on medical subjects: The duration of the life of the tubercle bacillus in cheese; Recent experimental inquiry upon milk secretion; The physiology of milk secretion; Bovine tuberculosis and other animal diseases affecting the public health.

Spotted Fever (Tick Fever) of the Rocky Mountains. A new disease. By John F. Anderson. Bul. No. 14, Hyg. Lab., U. S. Pub. Health & Marine Hospital Service, Washington, D. C. The bulletin was issued in July and presents the results of a careful study of this rather new infection, with excellent illustrations, in color, both of the rash produced in the course of the disease, and of the probable organism in the red cells. Data concerning 121 cases are given.

Transactions of the Medical and Chirurgical Faculty of the State of Maryland, 105th Annual Session. The book does not contain either table of contents or index; consequently is not reviewed.

California Health Resorts. By Guy Hinsdale, Philadelphia. Published in the *Colorado Medical Journal*, October, 1903. Mentions Yreka, Red Bluff, San Francisco, Santa Barbara, Los Angeles, San Joaquin Valley, etc.

Publications of the Department of Agriculture: Olive Oil and its Substitutes. Tolman and Munson. "It is a matter especially worthy of comment that the California oils bought in the open market were all of superior quality, and that only two of the fifteen samples so obtained contained any oil other than olive oil. Of these two samples one was not labeled with the name of the manufacturer, but instead bore the name of the dealer."

Average Composition of American Food Products. This pamphlet gives extensive tables showing the amount of refuse, water, protein, carbohydrates, ash and fuel-value of a large range of foodstuffs. Excellent suggestions are also made as to the method of calculating dietaries.

Experiments on the Metabolism of Nitrogen, Sulphur and Phosphorus in the Human Organism. Reports some well-conducted experiments upon the digestion of various foods, composition of foodstuffs, feces, etc. Should be very valuable in connection with a study of dietetics.

Some Chinese Vegetable Food Materials. By Walter C. Blasdale, University of California. Bul. No 68., Experiment Stations. A very careful scientific study of the question, giving much useful and valuable information of these, to us, new foodstuffs.

Renal Decapsulation as a Cure for Chronic Bright's Disease. By Franz H. Coe, Seattle, Washington. Read before the Washington State Medical Association, 1903. Reprinted from *Northwest Medicine.* A brief account of the operation, historically, with a report of two patients so treated by the writer, together with the discussion of the paper.

Should the Forests be Preserved? California Water and Forest Association, Mills Building, San Francisco, Calif. Copies can be had without charge by application to the Association. The great importance of forest preservation, from the sanitary standpoint alone, should be appreciated by every physician and his influence should be toward this object. A denuded watershed is not conducive to public health.

Chemistry of the Soils as Related to Crop Production. By Milton Whitney and F. K. Cameron, of the U. S. Department of Agriculture, and published by the Department.

MEETING OF THE SOUTHERN CALIFORNIA MEDICAL SOCIETY.

HELD AT REDLANDS, DECEMBER 2 AND 3, 1903

(Reported by H. P. HILL, M. D.)

President John C. King of Banning called the meeting to order and introduced Dr. T. M. Blythe, president of the local society, who delivered a short address of welcome.

Following the completion of the routine business of the society, Dr. M. D. Toland of Pomona, chairman of the Committee on Cutaneous Diseases, read a paper on "A New and Successful Treatment of Some Obstinate Skin Diseases." A brief history of the discovery of electricity was given, the discovery of the X-rays and their therapeutic value in diseases of the skin, especially in psoriasis, epithelioma, acne, eczema and lupus. A case of lupus in a man 80 years old was exhibited, which had involved both sides of the face, cured by exposure to X-rays. A case of epithelioma of lower lip of two years' duration, which had showed little tendency to heal after several exposures, was then shown. He had had remarkable results in many cases of obstinate eczema, lupus and epithelioma, and thought that in the X-ray, judiciously applied, good results could be obtained in nearly every case.

Dr. Champion of Colton in discussing the paper dwelt on the relative merits of static machines and coil; did not think acute eczema well treated with X-rays. In advancing epithelioma advised radical operation, and then use of X-ray if tendency to return.

Dr. Beckett insisted on an early radical operation in epithelioma.

Dr. Browning of Highland reported an obstinate case of acne.

Dr. Toland closed the discussion, saying that he was in favor of operation in epithelioma where admissable.

Dr. O. J. Kendall read a paper entitled "Sequela of Gonorrhea in the Female." He said that if gonorrhea were confined to the urethra, the disease would be without its terrible import. But following the urethra all contiguous tissues were infected and endomeritis, salpingitis, oöphoritis, peritonitis and pelvic abscess might result. Except in acute stage the treatment was surgical and according to tissues infected.

Dr. Follansbee in discussing the paper said that the conditions resulting were protean and the cause of much invalidism. The treatment should be preventive as well as surgical, and appealed to the profession for a stronger stand for preventive treatment, and in the prevention of marriage during a period where infection was possible.

Dr. A. L. Macleish of Los Angeles read a paper entitled "The So-called Vernal Catarrh of the Conjunctiva." Vernal catarrh he considered a rare disease, neither catarrhal nor vernal. characterized by its persistency, resistance to treatment and excessive itching. He divided the disease into three types: First, mild form. In this form the epithelial layer is thickened and opaque and subconjuctival tissues of a peculiar orange color tint. There may or may not be a thin layer of mucous secretion; is viscid. Second type, more severe. There is a nodular hypertrophy of the tarsal conjunctiva forming pedunculated papillæ like a regular tesselated pavement. Third type. There are nodular growths at the limbus corneæ, chiefly lateral, encroaching on the cornea. Exacerbations are common and are the cause of the misnomer. The essential unvarying feature is hypertrophy of the epithelium and increase of the underlying connective tissue.

The differential diagnosis must be from catarrhal conjunctivitis and trachoma. The prognosis chronic and persistent; the treatment palliative and surgical.

Dr. B. F. Church of Los Angeles then read a paper on "Sympathetic Ophthalmia." He spoke of the difference between sympathetic ophthalmia and sympathetic irritation. Giving the theories concerning the production of sympathetic ophthalmia and its etiology. Sympathetic opthalmia very resistant to treatment and enucleation not always successful or advisable. The disease fortunately is rare and develops from three weeks to five months after injury to the fellow eye. The onset is insidious—may be blindness with pain or without pain. Sympathetic irrigation is benign and may develop in a few days or years. It has no tendency to pass into inflammation and is relieved by enucleation. How it can produce sympathetic ophthalmia is not well understood.

Discussion of both papers opened by Dr. T. J. McCoy, who spoke of the rarity of vernal catarrh, and reported one case in which he did not at first recognize the diagnosis. Not definitely settled whether there is a distinction between sympathetic ophthalmia and irritation, or the same disease divided.

Dr. Miller spoke of ichthyol to alleviate the itching. Spoke of the question as to the manner in which sympathetic irrigation was produced. He considered the two diseases separate and advocated conservatism in treatment.

Dr. F. W. Thomas of Claremont read a paper on "Relationship of Diseases of the Chest to Those of the Nose and Throat." He dwelt on the results of downward extension of catarrhal conditions of the upper passages; of the result of difficult and unphysiological breathing, caused by stoppage of the nasal passage as by growths, deflected septum, the presence of adenoids in the vault of the pharynx, all producing mouth-breathers. He especially considered the relationship existing between tubercular laryngitis and tuberculosis of the lungs.

Dr. Babcock of Los Angeles read a paper on "How I Treat Suppurative Otitis Media." First, general history. Wash out the ear as well as possible with alcoholic solution boracic acid for two or three days. Careful examination of the drum, eustachian tubes, post nasal space, inferior turbinates, etc. Then wash out with peroxide of hydrogen and dry. Careful examination again made; small amount of pus may be obtained by exhausting air with otoscope; small amount of necrosed bone may be found by careful probing in some cases; polypus removed with snare or alcohol; granulations receive alcohol; look occasionally for necrosed bone; small focus may be touched with pure carbolic and then with alcohol; strong silver solutions may also be used; blow dry boric acid into ear frequently.

Dr. Miller spoke of relationship of adenoids and adenoid disposition. Mouth-breathers prone to affections which may be derived from infection taken in in that way.

Dr. Babcock condemned practice of syringing by patients. Should be done through a speculum. Thoroughly wash and then use dry treatment.

Adjourned till 7 p. m.

EVENING SESSION.

Dr. Millspaugh read a paper on "Complications and Sequalae of Typhoid Fever." He spoke of the differential diagnosis of perforation; the necessity of an early diagnosis was urged, so that operative interference would be of some value. He reported several cases to illustrate his points. A case of ante-mortem infection with gas bacillus was reported; a case of hemorrhage at the end of the third week was reported, with what he considered admirable treatment,

consisting of suprarenal extract; complete rest by shutting off milk diet and the use of morphine; cold to the abdomen in shape of ice coil. In post typhoid sepsis, after a correct diagnosis of the condition was made, he urged the use of solid food and getting the patient out of bed. A careful diagnosis was imperative between this condition and a relapse—recrudescence and malaria. In septic type the zig-zag temperature chart, chills and sweating were present; malaria must be excluded by blood examination for parasite and leukocytosis. In relapse diazo appears after disappearing, increase in size of spleen and reappearance of rose spots and temperature curve are suggestive. In the management of these septic cases small amounts of solid food should be given and increased gradually. If the patient gets worse he must be gotten up out of bed. Stimulation should be given p. r. n.

Dr. Barlow urged the necessity of an early diagnosis; in perforation, must diagnose early to operate early. Thought the management of post-typhoid sepsis should be less radical; should take into consideration anemia and nervousness as a cause of temperature.

Dr. Wing considered the treatment depended entirely upon diagnosis. If heart was all right the treatment outlined for sepsis was good.

Discussed also by Bullard, Cole, Black and Pillsbury.

Dr. R. L. Doig of San Diego read a paper, "Effects Upon After Life of Infancy and Early Childhood." The health of infants is surprisingly good in Southern California, when one considers the number of parents who have come to California for their health. The home training of children too often neglected and abused. From early infancy the child should be taught obedience and not allowed to rule the family. The necessity for this shows in the characters of children who have been pampered. As far as possible the physician should tactfully bring these points to the minds of mothers and fathers.

The paper was discussed by Dr. Follansbee and others, and it was suggested that it was a delicate matter to interfere in the control of other people's children.

Dr. L. G. Visscher read a paper on "Indigestion Relative to Diseases of the Heart." With a wide margin of cases of mixed nature it is possible to distinguish disturbances of the circulation caused by acute or chronic gastro-intestinal derangements and dyspeptic symptoms caused by diseases of heart and blood vessels. The treatment in both conditions is widely different and in order to get the most benefit both must be carefully considered. Especially is this the case in regard to the taking of fluids, taken too freely they will weaken the myasthenic stomach and by the increase of gas stagnation cause palpitation, intermissions, etc. The real damage is done, however, by overtaxing the right ventricle. Proper consideration should be given to this point when aneurysma or contracted kidney are found to be associated with chronic indigestion.

Discussed by Drs. Cole and Barlow of Los Angeles.

Dr. Elbert Wing read a paper "Concerning the Diagnosis and Treatment of Hemiplegia." Hemiplegia may be due to cerebral hemorrhage, embolism or thrombosis, diagnosis depending as much on the causes as on the symptoms. The paper dealt chiefly with spontaneous cerebral hemorrhage and its associated states-miliary aneurism atheroma and fatty degeneration. The etiological factors in embolism and thrombosis were enumerated. By means of charts a brief illustration of the motor tracts and centers were given. The differential diagnosis between the three forms of apoplexy and coma due to alcohol, uremia, opium and diabetes was given. The fifteen minutes having elapsed, the treatment and indications for same had to be omitted.

In discussing the paper, Dr. Brainerd spoke of the difficulty in diagnosis between hemorrhage and embolism. Miliary aneurisms are result of arterial disease. Embolism due to cardiac disease. Thrombosis occurs at extremes of age. In hemorrhage there is always a decided shock, in thrombosis there are prodromal symptoms.

In prognosis the temperature is a fair guide. After the fall a continuous high temperature is unfavorable. Nystagmus and restlessness of limb are unfavorable signs.

Dr. F. D. Bullard read a paper on "The Serum Treatment of Diphtheria." Diphtheretic antitoxin does not have action on fixed toxin. Must be given to unite or render innocuous unfixed toxins. In cases of suspected diphtheria 1000 to 1500 units should be given, in mild cases 2000 to 3000, in severe 5000 or more. This should be repeated if no amelioration in mild cases in eighteen hours, in severe from four to twelve hours.

Always use concentrated serum. In cases of mixed infection with streptococcus use in conjunction antistreptococcic serum 10 cc. every twelve hours. Local applications should be of antiseptic nature and constitutional treatment supportive.

Dr. Millspaugh—Advisable to obtain a smear for immediate examination as well as a culture.

Dr. Toland, Jr., spoke of other bacteria causing membranes in throat.

Dr. Thomas—Klebs Loeffler bacilli are constantly found in the mouth and their appearance in culture is not always indicative of diphtheria.

Dr. Wing, in answer to Dr. Thomas, said that a culture taken from the throat of a person complaining of a sore throat, with or without membrane showing a growth of Klebs Loeffler bacilli, was proof that diphtheria was present.

Dr. Toland—We old fellows don't need the microscope to tell us when a patient has diphtheria. We go to a patient, say "Open your mouth," look in and see whether they have it or not. I have just finished my ninety-fourth case of diphtheria without a death in Pomona. I give 3000 units of antitoxin and repeat every six hours. I also give two grains of calcium sulphide a day to disinfect the blood, also give arsenate of strychnin. I have been interested to note how long after giving antitoxin the patient begins to feel better, and one patient that had been taken sick on a Monday and I saw on Friday felt better one hour after giving antitoxin and was in church on Sunday.

Dr. Cole—I have been wondering whether since Dr. Toland never uses a microscope, some of his ninety-four cases might not have been follicular tonsilitis.

Dr. Baird inquired whether there was a health officer in Pomona—to allow a patient suffering with diphtheria on Friday to go to church on Sunday.

Dr. Ide of Redlands said he thought it better to give 2000 units on the first day than 6000 on fourth or fifth day.

Discussion closed by Dr. Bullard. The meeting then adjourned till Thursday 2 p. m.

A reception was tendered the visiting ladies at the home of Mrs. Tyler on Wednesday evening.

Thursday morning those wishing to go were taken in carriages around Smiley Heights, the McKinley drive, and interested parties visited the settlement on the outskirts of Redlands for indigent consumptives.

Thursday at 2 p. m. meeting called to order by President King. After the election of a number of new members Dr. Walter Lindley reported the death

of Dr. Julius Crane, Santa Ana; Dr. Karl Schwalbe and Ross C. Kilpatrick, Los Angeles; Anthony J. Comstock, Ventura.

Dr. Mary E. Hagadorn read a paper on "Early Diagnosis of Extra Uterine Pregnancy." The paper was a plea for the continual lookout for this condition. Extra uterine pregnancy is no longer considered rare and can be diagnosed before rupture. Women should be educated to put themselves under medical supervision as soon as pregnancy is suspected. Cases with previous pelvic inflammation, irregular bleeding or colicky pains during the first weeks of pregnancy should be carefully examined. Diagnosis can and should be made before rupture. Report of case.

"The Relative Indications for Cesarean Section and Report of Case," Charles D. Lockwood, Pasadena.

Modern asceptic surgery has broadened the indications for Cesarean section. In this case mother had had an injury to thigh when young and for several years had had sennes leading from that region. The result was a deformed pelvis, contraction of the transverse diameter, necessitating a Cesarean section. Indicates the necessity of careful pelvimetry. A brief enumeration of various pelvic deformities and obstetric operations available were given.

Dr. Mattison in discussing Dr. Hagadorn's paper, spoke of the differential diagnosis between appendicitis and ruptured tube. Examine cases early where history of discharge. In speaking of Dr. Lockwood's case, spoke of relative merits of symphysiotomy, early induction of labor and Cesarean section. Craniotomy he considered a thing of the past.

Dr. Bicknell reported an eight months' case ectopic gestation delivered through rectum.

Dr. C. W. Murphy spoke of the control of hemorrhage by means of pressure on ovarian and uterine arteries. The relative merits of catgut and silk as a suturing material for uterus. Believed Cesarean section of value in eclampsia.

Dr. F. C. Shurtleff read a paper on "Fractures Involving the Elbow Joint." Fractures should be treated according to displacement of fragments, and prevention of loss of carrying angle. This in many cases can be best obtained by putting up in extended position—in other cases in right angle or more. Early motion productive of more harm than good. Report of several cases.

Dr. J. T. Stewart of Los Angeles read a paper on "Drainage in Abdominal Surgery."

Dr. LeMoyne Wills read a paper on "Fracture of Neck of the Femur," with report of case and skiagraphs.

Dr. W. W. Beckett of Los Angeles gave an interesting paper on the surgical treatment of floating kidney, detailing, with the use of cuts, the operation as performed by himself. Condemned the use of any mechanical means of support as dangerous and unscientific. Many of the nervous symptoms were allayed by operation and usually great relief from all symptoms was the result.

Dr. Lobingier, in discussing the papers, said: In fractures around the elbow joint certain deformities result, and these deformities will determine the treatment in any given case. The extended position as a usual treatment is not as good as an angle of 90° or 135° in the greater number of cases. The distance the patient falls is no indication of the amount of injury done. Must first determine the amount of separation of fragments and then can judge of the advisability of the extended position. In regard to nephropexy relief is obtained by the operation as a rule. Mechanical applications are unsatisfactory. Several methods were described. A reasonable normal position was what was aimed at.

In abdominal drainage we find less and less frequent cause for its use. Early and correct diagnosis lessens the necessity for it. The rationale is to reach dependent areas. The method that will do that safely and avoid the least adhesions is the best. Fowler's position as spoken of by the author is very good. Infections of upper right quadrant are least favorable; of the pelvis more favorable. In regard to fractured hip the least interference possible gives best result. I am in the habit of using a wire basket splint.

Dr. Pahl—In regard to fracture of elbow the desideratum is to maintain the carrying angle, and this is best obtained in majority of cases by supine extended position and plaster of paris splints.

Papers were also discussed by Drs. Lockwood, Witherbee and others. The discussion was closed by Dr. Wills of Los Angeles. Meeting adjourned.

A banquet was tendered the association by the Redlands Medical Society in the evening. D. C. A. Sanborn of Redlands introduced Dr. Mattison, who acted as toastmaster, and a very pleasant evening ended the thirty-second regular semi-annual meeting of the S. C. M. S.

OTHER SOCIETY MEETINGS.

Alameda County.

Meeting called to order at 8:30 P. M., Tuesday, December 8, Dr. Hamlin presiding. Forty-four members were present.

The first paper was read by Dr. F. L. Adams, the subject being "Surgical Treatment of Perineal Lacerations."

He said that Emmet was the first to devise a successful operation for the treatment of this condition, but that the technique of his operation was so misunderstood and imperfectly performed that there was a question in his own mind whether his work had resulted in any ultimate good to humanity. However, his method, or some modification of it, is almost universally used to-day by the best surgeons. He reviewed the anatomy of the perineum, presenting charts showing the relation of the different structures, and classified lacerations into recent and old, open and submucous, complete and incomplete, stating that the submucous tear was very often overlooked by the obstetrician. He thought that very few primiparæ escaped laceration, and it was his practice to exclude them by a thorough examination of the perineum and vaginal walls, using the gloved index or middle finger in the rectum to evert the posterior vaginal wall. Recent lacerations should be repaired at once, chromacized catgut sutures being used, except in cases of exhaustion or extreme loss of blood when the intermediate operation should be done. After explaining in detail the technique of the Emmet operation, describing, by means of charts, the various steps of denudation, placing and tying of sutures, the doctor described a modification of the Emmet operation which he had used sucessfully and which he thought was especially adapted to cases of long standing in which there is present complete retraction of the muscular and fibrous structures of the pelvic floor, with prolapse of the viscera. In this operation the denudation is similar to that of Emmet, but a deep dissection is made on either side, and the extremities of the torn muscles and fascia found and brought together by means of a buried continuous chromacized catgut suture. The submucous membrane is sutured over the muscle layer with either continuous or interrupted sutures.

The paper created considerable interest and was discussed very freely by many present.

Dr. McCleave called attention to the fact that many perineal tears could be prevented by placing the patient on her side during the second stage of labor. He commented on the operation as done by Dr. Som-

ers, and thought that it was one of the best yet advocated.

Dr. Ewer—I think it is inadvisable to do an immediate repair of a complete laceration, as infection is almost sure to occur and a poor result follow. Better wait and do the intermediate operation under more favorable circumstances.

Dr. Emerson considered it to be impossible in old cases to dissect out the different perineal muscles and suture the structures in layers, as the muscles become atrophied and attenuated.

Dr. Crowley stated that he had seen Dr. Adams do the deep dissection of the perineal structures with success. He thought it advisable to remove all scar tissue before suturing, and considered it to be good practice to stretch the anal sphincter before operating on the perineum, thus overcoming much of the patient's discomfort and lessening tension on the sutures.

Dr. Buteau spoke of the large number of operations that had been done for repair of the perineum and thought that each method had been more successful in the hands of its originator than in the hands of the general surgeon. He emphasized the importance of approximating the torn edges of the fascia, whether the retracted muscle was included or not.

Dr. Porter believed the Emmet operation to be the best yet, it meeting most of the requirements. He would advise repairing all recent tears at once.

Dr. Jeremiah Maher then read a very interesting paper on "Convulsions in Childhood." The doctor's paper was discussed by Drs. Buteau, Von Adelung, Holmes, Stratton, Pond and Rowell.

During executive session a communication was read in which the Alameda County Medical Society was invited to attend the meeting of the Alameda County Dental Association on January 6.

Drs. W. W. Purnell and W. F. Lynch were elected to membership in the society.

A committee consisting of Drs. Buteau, Stafford and Rowell were appointed for the purpose of raising a fund to aid the State Board in prosecuting all practitioners not complying with the State law.

J. M. SHANNON,
A. S. KELLY,
Publication Committee.

Alumni Association Medical Department University of California.

The Alumni Assocation of the Medical Department of the University of California held a special meeting on December 1, 1903, Dr. Geo. E. Ebright presiding. The minutes of the last meeting were read and approved.

The report of the executive committee read and placed on file.

Dr. C. M. Cooper presented a case of Addison's disease. The case was discussed by Dr. Montgomery and Dr. Ebright.

Dr. Lissner presented some pathological specimens from a case of ruptured aneurysm of the arch of the aorta.

Dr. R. Bine presented an enlarged spleen from a case of dysentery.

Dr. W. W. Kerr then outlined the story of the Medical Department of the University of California, touching on the obstacles the college has had to surmount in the past as well as in the present and calling attention to the interest taken in the college by some of the members of its faculty, particularly Dr. Beverly Cole.

Dr. H. M. Pond read a paper discussing the difference between the city and country practitioner.

Dr. Hamilton presented some specimens from a case of "pin worm."

The meeting then adjourned.

L. S. SCHMITT, Secretary.

California Academy of Medicine.

The regular monthly meeting of the Academy was held in the offices of Dr. Harry M. Sherman on Tuesday evening, December 22, 1903, President D. W. Montgomery in the chair, and twenty-one members present.

Dr. George B. Somers exhibited a large mass of molluscum fibrosum tissue recently dissected from a woman patient who died soon after the operation, the doctor being in doubt as to the direct cause of death, but giving as his opinion that it was probably partly through shock and partly sepsis. Discussion by Drs. Ophüls, MacMonagle and Terry.

Dr. F. B. Carpenter reported a post-operative death following hystero-oöphorectomy. The patient made a satisfactory recovery from the anesthetic, but three hours afterward her respiration fell rapidly, artificial respiration employed, patient probably died from embolism. Discussion by Drs. Brunn, Kreutzmann and Ophüls.

Dr. H. Morrow being absent, the reading of his paper on "Malignant Syphilis" was postponed.

Dr. H. J. Kreutzmann read a paper on "Laceration of Peritoneum," which was discussed by Drs. Somers, Von Hoffman and MacMonagle.

Dr. Beverley MacMonagle exhibited a dissected perforated appendix and a specimen showing laceration of the vagina. The discussion on operative measures was by Drs. Wadsworth, Tait, Newmark, Brunn, Brown, Ophüls, Gross, Montgomery and MacMonagle.

The election of officers resulted as follows: President, Dr. Thos. W. Huntington (Dr. Montgomery declined renomination); vice-president, Dr. Beverley MacMonagle; secretary, Dr. Louis Kengla; treasurer, H. J. Kreutzmann.

Fresno County.

The regular monthly meeting of the society was held at the residence of Dr. T. R. Meux on December 1, the president, Dr. E. J. Couey in the chair and the following members in attendance: Drs. Barr, Hopkins, J. R. Walker, Hayden, Aiken, Hare, Nicholson, Meux, Martin, Manson, Couey, Gebhart, W. T. Maupin, Dunn, Rowell, Trowbridge, Davidson and Cowan.

The minutes of the previous meeting having been read and approved, the following names were presented for membership: C. J. Kjaerbye (University of Copenhagen, 1892); F. C. Galehouse (College of Physicians and Surgeons, San Francisco, 1902); J. N. Moradian (University of Illinois, Chicago, 1900). These names were referred to the board of censors for report at the next meeting.

The board of censors having reported favorably upon the following applicants, they were duly elected to membership: Geo. H. Bland, Clovis (College of Physicians and Surgeons, San Francisco); W. W. Cross, Visalia (St. Louis Medical College, Mo.), and S. C. White, Clovis (Rush Medical College, Ill.).

In the matter of Dr. Gerow of Laton, heretofore given until the December meeting of the board of examiners to obtain a license, a telegram from Dr. Dudley Tait notifying the secretary that Dr. Gerow had failed to present himself for examination, and urging prosecution, was read. The society was informed that Gerow had moved to Reno, Nev., and no action was taken.

Dr. Aiken of the committee of ethics here remarked that there were other physicians practicing in this

county who had not complied with the laws relating to the practice of medicine, inasmuch as they fail to take the required examination and procure the necessary license. It is the intention of the society to prosecute these illegal practitioners and the committee of ethics was instructed to investigate the matter.

It becoming known that the Board of Examiners was without funds to defend itself in the suits brought by Dr. Hodghead and others to have the board ousted, it was unanimously carried that the sum of $50 be contributed by the Fresno County Medical Society for the purpose of assisting in defraying a part of the expense of defense.

Nominations for officers for the ensuing year being in order, the following names were placed before the society: President, G. A. Hare; first vice-president, J. L. Martin; second vice-president, P. Manson; secretary, Angus B. Cowan; assistant secretary, D. H. Trowbridge; treasurer, T. M. Hayden.

The society now being entitled to two delegates to the legislative branch of the State Society, Dr. Davidson was nominated as the second delegate. Dr. W. T. Maupin holds over.

The paper of the evening was entitled "Continued Fever," and was prepared and read by Dr. T. M. Hayden. The author remarked in opening that this was a very old and indefinite term, and has served to cover a multitude of ignorance, but in the San Joaquin Valley there is a form of fever that is very indefinite in its aspects and obscure in its nature. These cases are seen in the early autumn and have been called "Bilious Remittent Fever." Of course they are bilious, so far as a dirty skin and foul tongue are concerned; so is pneumonia, "and the fever remits." One term is no better than the other. The physician at first tells his patient it is a malarial attack, but in a few days the fever increases and adynamic symptoms appear and he adds the prefix "typho" and says it is a typhoid and malarial poison combined. The author's opinion is that the malarial plasmodium and the typhoid bacillus, while sometimes present in the same patient, do not form the above-mentioned partnership.

The history of these cases as narrated by Dr. Hayden follows: The illness begins quite abruptly, possibly with a chill; there is a marked absence of the prodrome of typhoid; the eyes are lusterless, skin muddy, tongue has a white, closely adherent shiny coat, but little bilious coloring; skin hot; pulse 90 to 95, and temperature 102 2-5° F; headache, backache and muscular soreness; bowels uncertain. Mercurials followed by quinine fail to break up the fever, and on the third or fourth day you find the fever severely "continuing" and the tongue as white and pasty as before. These fevers last from three weeks to two months, becoming intermittent after ten days to two weeks. The temperature finally reaches a subnormal point some morning, and convalescence is established. Typhoid symptoms are lacking in these fevers and the writer calls the disease the astivo-autumnal form of malarial poisoning. Dr. Hayden advised large doses of quinine during the remission, and if there is not a decided remission, to resort to pilocarpin and force one.

The discussion following the paper was a lively one, the majority of the members present believing these cases typhoidal in their nature, the typhoid adherents saying that typical typhoid was a rare thing in this valley; still in the cases described the ulcers were present.

After adjournment those present enjoyed an hour of social converse at the banquet board.

ANGUS B. COWAN, Secretary.

Humboldt County.

The regular meeting of the Humboldt County Medical Society was held in Eureka November 10, Dr. Felt presiding.

The fee bill as drafted by the committee was read and adopted by the society and a sufficient number of copies ordered printed.

Clinical cases were reported by Dr. McKibbon of Loleta and Dr. Felt of Eureka.

The paper of the evening was read by Dr. C. W. Mills of Arcata on spinal anesthesia, a copy of which will be sent to the STATE JOURNAL.

Dr. J. L. McLaren, one of the active and successful practitioners of Eureka, left there recently to take up post-graduate work in the East and Europe. On his return he will probably locate in or near San Francisco. Dr. McLaren, during his stay in Humboldt, worked always for the best interest of the profession. He was an active member of the Humboldt County Medical Society and the president and founder of the Sequoia Hospital of Eureka.

The regular meeting of Humboldt County Medical Society was held in Eureka, December 8, Dr. C. O. Falk presiding.

Dr. R. E. McKibbon of Loleta read a paper on Paraplegia.

G. N. DRYSDALE, Secretary.

Los Angeles County.

The meeting of November 6 was a very interesting one. The program was, first, paper by Dr. C. L. Magee, "The Care of the Pregnant and Parturient Woman." It was an instructive and well written paper. Second paper, by Dr. N. C. Dunsmoor, "The Care of the Child." This was a very practical paper, full of the modern aseptic theories and up-to-date views in the care of the newborn. Third paper, "The Pathology of Eclampsia," by Dr. E. L. Leonard, giving the latest views of prominent pathological research. Fourth paper, "Eclampsia," by Dr. C. W. Murphy, was devoted to the treatment of this distressing and too often fatal complication of the parturient state.

The program was a very complete symposium on the obstetrical art and science. The discussion was opened by Dr. M. L. Moore and was very thorough, and joined in by many of the members.

Dr. Leon Roth reported a case of Eclampsia.

Dr. George Lasher exhibited a very large sarcomatous tumor of the kidney from a child aged 1 year.

Under new business the secretary read a communication from the Pomona Valley Medical Society in which it was stated that that society had adopted the Constitution and By-Laws of the Los Angeles County Medical Association and had voted to become the Pomona Branch of the County Association. This report was accompanied by a list of 14 members.

Dr. Wm. R. Molony's and Dr. Wm. R. Perry's applications for membership were received.

Drs. A. T. Newcomb and C. B. Nichols were elected to membership.

The attendance was over 60.

The program of November 20 was as follows: 1st, report of and exhibition of specimen of a case of aneurism of the aorta, by Dr. Arthur Godin, discussed by Drs. Lobingier and J. M. King, Lockwood and others. 2d, report of and exhibition of specimen of kidney removed for hematuria pain and pyuria, and which had undergone sarcomatous change, by Dr. A S. Lobingier. 3d, paper by Dr. C. D. Lockwood, "Nephrectomy for Nephrolithiasis." These papers were discussed by Drs. Wm. Lewis, Wills, Lasher,

King, Beckett and others. 4th, paper by Dr. George Abbott of Pasadena, "Here and There in Medicine and Surgery."

New business. The nominating committee, in lieu of the council (there being none as yet), retired and nominated officers and council for the coming year.

Drs. Wm. Molony, Wm. R. Perry and W. P. Millspaugh were elected to membership. Four new applications for membership were received.

Dr. Le Moyne Wills moved that $200 be sent to San Francisco, as this County Medical Association's contribution to the "Medical Defense" fund, to be used in defending suits brought against the Board of Examiners: It was seconded and carried.

The following letter was received:

PASADENA, Cal., Nov. 10, 1903.

To the Los Angeles County Medical Association, Greeting:

At a meeting of the Pasadena Medical Society, held this evening, it was voted unanimously that we adopt the Constitution and By-Laws of the Los Angeles County Medical Association and become the "Pasadena Branch" of the same association. CHAS. D. LOCKWOOD, President.
J. E. JANES, Secretary.

The letter was accompanied by a list of forty members, and was by vote accepted.

C. G. STIVERS, Secretary.

Merced County.

The Merced County Medical Society met in the office of Dr. H. N. Rucker, Thursday, December 3, at 8 p. m.

Present—Drs. H. N. Rucker, E. S. O'Brien, W. A. Whitlock, H. De Loss and W. E. Lilley.

New Members Elected—Drs. James L. McClelland, Josephine S. McClelland and Charles F. Wade of Los Banos.

Dr. Rucker took the subject of illegitimate drug business. Taking the ground that the physician injures himself greatly by prescribing so many of the new proprietary preparations, that are using the physicians merely as advertising mediums or stalking-horses to get to the public; encouraging counter prescribing by the druggist, and injurious self-medication by the public.

The discussion developed quite a strong sentiment that the druggists were not using the physicians fairly, and that in self-defence the physicians should do most of their own dispensing.

The meeting adjourned to meet January 7, at the office of Dr. O'Brien.

The society then, at the invitation of Dr. Rucker, betook themselves to a nearby restaurant when oysters, cigars and a few good stories made the evening a very pleasant as well as a profitable one.

W. E. LILLEY, Secretary.

Monterey County.

Organized December 9, 1903.

In response to a call from the Board of Trustees, a meeting of Monterey County physicians was held at Salinas, on Wednesday, December 9, to organize a county society. Dr. Philip Mills Jones, who was requested by the Trustees some time ago to continue his work of organization of county societies, attended the meeting to represent the State Society and aid the Monterey men. Drs. Abbott, Brumwell, Craig, Edwards, Gordon, Grimes, Molgaard, Parker, Rankin and Ritchie attended the meeting, and Drs. Cassel, Majors, Stafford, Trimmer and Westfall sent word that they could not attend, but wished to be enrolled as charter members. The meeting was called to order by Dr. Jones, and Dr. Edwards elected temporary chairman. Dr Brumwell was elected temporary secretary. Dr. Jones presented and read the standard constitution and by-laws, recommended by the A. M. A. and the Trustees of the State Society, and on motion, the Monterey County Medical Society was organized, and the constitution and by-laws adopted as read. On motion, the first Saturday of each month was made the meeting day, and the hour fixed at 8 P. M. On motion, the charter was declared open for charter members until the expiration of 60 days; after that time the initiation fee will be $5. The following officers were elected: President, Dr. Thomas C. Edwards; Vice-President, Dr. Adam M. Ritchie; Secretary, Dr. Dorus Brumwell, of King City; Treasurer, Dr. John Parker; Censors (for one, two and three years as named), Drs. Rankin, Parker, and Molgaard. Delegate, Dr. Brumwell; alternate, Dr. Edwards; second alternate, Dr. Grimes. On motion the Secretary was instructed to write to the Secretary of the State Society asking for affiliation. On motion dues of $2 a year were fixed and dues for 1904 declared payable. On motion, the society decided to meet next month at the Bardin House parlors, Salinas. The society then adjourned.

This is the eighth county society that has been organized through the efforts of the Trustees, or rather, through the work of the editor, at the request of the other members of the Board of Trustees. In every case it has been found that the physicians of the counties were desirous of having county organizations, but doubted the possibility of perfecting and maintaining an organization. When it is seen that county societies are very easily organized, and that the work, if systematically undertaken, is not difficult, the society is soon a *de facto* organization. Nearly all of the regular physicians of Monterey county have at once enrolled themselves as members of this society, and doubtless most of the others will do so before the end of the sixty days limit. The Trustees extend the heartiest greetings to the new society, and wish the physicians of Monterey county every success in their new organization, and in its work. They, as well as all other county society members, should remember that what really does the most good is to meet together, to exchange actual and practical ideas and experiences, and to have a pleasant social gathering. The break in routine work, and the relaxation that comes from it, is worth a great deal more than the average man thinks. Try it and see.

Napa County.

The regular meeting was held at Calistoga on December 1, and was well attended and very profitable.

The paper of the evening was read by Dr. M. A. ApLynn of Napa, the subject being "Tuberculosis of the Mammary Gland."

Discussion by members present: Drs. H. L. Parish, W. H. Porter, W. L. Blodgett, C. E. Winslow, E. E. Stone and J. L. Arbogast.

The next meeting will be held in Napa.

J. L. ARBOGAST, Secretary.

Orange County.

The Orange County Medical Association met in regular session Tuesday evening, December 1, Dr. R. A. Cushman read a very comprehensive and interesting paper on "Entozoa." The doctor especially brought out the importance of physicians in Southern California being able to recognize the presence of and properly treat the uncinaria. He states that the climate and atmospheric conditions were peculiarly favorable for their propagation.

H. S. GORDON, Secretary.

Riverside County.

The Riverside County Medical Society met at the home of Dr. C. S. Dickson on Monday evening, December 14. Present, Drs. Kendall, Parker, Van Zwalenberg, Outwater, Clarke, Baird, Girdlestone, Martin, Dickson and Roblee. The meeting was opened by the vice-president. The minutes of the previous meeting were read and approved.

The addition to the constitution of Article III, Section 5, proposed at the last meeting, was adopted on a motion made by Dr. Van Zwalenberg and seconded by Dr. Parker. The addition reads as follows: "All physicians doing lodge practice are hereby declared to be ineligible for membership in this society. This section is not intended to exclude those who examine applicants for membership in lodges at fee-bill rates."

It was moved by Dr. Clarke and seconded by Dr. Baird that a committee of three be appointed by the chair to draw up resolutions approving the cause of the State Board of Examiners in the matter of the attack now being made on our medical law, with full power to act. The chair appointed Drs. Roblee, Parker and Baird to act on this committee.

Dr. Baird then read a paper on "The Role of Animals and Insects in the Spread of Disease." He took yellow fever as the type showing most conclusively how the mosquito carries this disease, and that the fomites are comparatively not dangerous.

Dr. Roblee then read a paper on "The Acid Fast Bacilli." He reviewed the recent studies upon this group, showing how easily they can be confounded with each other and their diagnostic peculiarities. He also reviewed the recent discussions as to their being intercommunicable, especially the various forms of tuberculosis. This was followed by a microscopical demonstration of a number of these germs.

The committee reports the following resolution:

Resolved, That the Riverside County Medical Society hereby condemns the attack now being made in the courts upon our present medical laws and extends its hearty support to the State Board of Medical Examiners in the efforts it is making toward the upholding of these laws. And it is further

Resolved, That it is the wish of the members of this society that the trustees of the Medical Society of the State of California shall apply such funds as they have in hand to employ counsel and use every means possible in the defense of our present medical laws.

Mrs. Dickson served delicious refreshments. It was voted to accept Dr. Outwater's invitation to meet at his house next month. Meeting adjourned.

W. W. ROBLEE, Secretary.

Sacramento County.

The Sacramento Society for Medical Improvement met in regular session at the office of Dr. H. H. Look on November 24. Dr. H. L. Nichols occupied the chair during the first part of the meeting and later Dr. Ross, the president, presided.

The resignation of Dr. J. S. Boyer was received and accepted, Dr. Boyer having left town.

A motion was carried that the physician to read the annual paper at the meeting in March be chosen at the December meeting.

The society then indulged in a free discussion of vaccination and kindred subjects suggested by the present smallpox epidemic.

Dr. J. H. Parkinson said that as physicians we should impress upon the public that quarantine and disinfection are only secondary matters, and that the proper method of dealing with smallpox is by vaccination. We know positively and absolutely that the disease can be prevented by thorough vaccination, that the preventive measure is harmless, and that we should earnestly impress this upon the people.

Dr. G. L. Simmons said that it would be well at this time to impress upon the people the necessity of vaccination, and to emphasize the truth of its preventive influence over smallpox. By demonstrating the fact that persons fully vaccinated were not affected by smallpox, he felt that there would be a universal demand for vaccination.

Dr. J. L. White said that during the past two years there had been from time to time a number of young physicians who had had charge of the pesthouse. They had lived in the building and had been in constant association with the sick, yet none of them had taken the disease, because all had been thoroughly vaccinated. He had been in the habit of ascertaining whether any of the patients admitted to the pesthouse had been vaccinated, and had only found one case, that of a boy of 12, who could show any evidence of having been successfully vaccinated.

Dr. H. N. Nichols said he believed there were very few children in the public schools unvaccinated. He was at present investigating the matter, under instructions from the Board of Health, and would soon have exact figures. Vaccination was the main preventive for smallpox and should be encouraged by every medical man.

Dr. W. E. Briggs believed that we were now suffering from smallpox among the unvaccinated largely on account of the heresies of anti-vaccinationists. It should be prominently brought forward that very few of the cases occurring in the city could show any evidence of vaccination, as this fact would have more weight than anything members of the society might say.

Dr. A. M. Henderson said whenever the society had placed itself on record in matters affecting the general welfare of the community, its opinion had been given due weight. He believed that this matter should be brought to the attention of the public in the same manner as the society's discussion of the subject of water pollution. While the preventive influence of vaccination was well known, it could not be too earnestly impressed upon the public.

Dr. N. K. Foster, Secretary of the State Board of Health, said vaccination is the only sure means of preventing smallpox at our command, and its efficacy in this respect has been proven beyond a doubt. In connection with the present epidemic throughout the State, where he had been he ascertained the facts as to whether the persons affected had been vaccinated, and he could safely say that in 99 per cent of the cases they had not. He agreed with the views of Dr. Parkinson as to the advisability of placing this matter plainly before the public. If every member of this society and physicians generally would exert their influence in strengthening public sentiment, and show conclusively the good effects of vaccination, the people would not object. He was glad to say that in the northern part of the State the anti-vaccination sentiment was not strong. In Southern California, he regretted to say, there was a good deal of opposition to this most necessary measure.

Dr. H. H. Look said that some years ago, when acting as inspector for the State Board of Health, he had occasion to examine a large number of cases from Bakersfield to the Oregon line. Among all these he could not recall a single case, vaccinated within recent years, that had contracted the disease. When we recall the ravages in the past and its enormous mortality, it was difficult to see how any intelligent community could object to the only means by which it has been possible to control the scourge. The profession should engage in missionary work in this direction, so that the public would voluntarily seek vaccination instead of questioning its efficacy.

Dr. J. A. McKee thought that many of the cases occurring in persons said to have been vaccinated were due to the old form of vaccination certificates, where it was customary to vaccinate a child and at the same time issue a certificate of vaccination. There was, of course, no evidence of protection. He knew of instances where, after smallpox had appeared in a family and the remainder of the household had been vaccinated, there had been no further cases.

Dr. F. L. Atkinson said he thought this is the method we should pursue in getting the subject before the people. Everyone knows from the history of the disease that vaccination is the only rational method of stamping it out. I am on record in this regard in the society. I was

on the School Board when this question of vaccination was brought up and I did my best to bring it to a successful issue.

Dr. Thomas Ross said that if there is anything proven beyond a doubt in medicine, it is the protective influence of successful vaccination against smallpox. "I think the publication of this discussion will have a very beneficial effect. Fumigation and disinfection are all right, but it is like locking the stable after the horse has been stolen."

Dr. J. E. Poore stated that in India the Hindoos as a rule were not vaccinated, whereas the British soldiers stationed in that country are systematically protected. During an epidemic he had observed the Hindoos died in large numbers, whereas the mortality among the white troops was insignificant.

Dr. G. L. Simmons said: "I would like to add a word in regard to our former vaccinations, which is a very important matter. As Dr. McKee has said, many of our children were vaccinated under the old rule and given a certificate at the same time. Many of these people think themselves protected because they have been subjected to the introduction of the virus, when, as a matter of fact, they are not protected at all. The only way to reach this matter would be by a thorough inspection of supposedly vaccinated persons."

Dr. W. J. Hanna said that while in the Philippines he had charge of several divisions of the troops as a medical officer, and that the orders were that all soldiers should be properly vaccinated. In Cavite, where such precautions were not taken, smallpox existed to a large extent, but in the army there was hardly a case. He believed careful precautions should be taken in vaccinating, so that no complications should arise that could be prevented, and in this manner the people would favor vaccination rather than antagonize it.

The paper of the evening was read by Dr. H. H. Look on "Catarrhal Deafness," and the discussion was opened by Drs. Poore and Strader. The meeting then adjourned.

J. W. JAMES, Secretary.

San Diego County.

The regular monthly meeting of the San Diego County Medical Society was held December 4, President Dr. Fred Baker in the chair.

The application of Dr. Robert Armstrong to become a member of the society was reported on favorably and he was unanimously elected to membership.

Dr. Wm. M. Cummings was elected delegate to represent the society in the American Congress on Tuberculosis at the session in Washington, D. C., April, 1905.

The paper of the evening was read by Dr. H. N. Goff, his subject being "Elimination."

The doctor commenced by stating that there are four channels through which elimination from the system is carried on, viz., the skin, the lungs, the kidneys and the digestive tract.

The principal function of the skin in elimination is the sweat, which is divided into insensible and sensible, owing to the amount. The precise chemical composition of the sweat is difficult to determine. Normally it is a very thin secretion of low specific gravity and alkaline in reduction, the layer part of the inorganic salts consists of sodium chlorid, together with small quantities of the alkaline sulphates and phosphates.

The skin is largely concerned in regulating the temperature of the body and in this connection the Doctor spoke of the effects of covering the surface with a coating of varnish.

When the skin of a warm-blooded animal is covered with an impermeable coating of varnish death occurs after a time, probably due to the loss of too much heat. Strong animals live longer than feeble ones. Life may be prolonged by the application of artificial heat. When the entire surface of a rabbit is varnished, the temperature falls rapidly and it soon dies.

The doctor then spoke of the lungs as eliminating organs, first giving a brief outline of their anatomy, following this by a statement of the amount of oxygen absorbed and of carbon dioxid given off at each respiration; also the effects of the presence of carbon dioxid in various proportions in the atmosphere inhaled.

Following the reading and discussion of the Doctor's paper he exhibited two very interesting skiagraphs, one showing a transverse fracture of the radius and ulna in a 5-year-old child, and the other locating a needle in the hand.

THOS. L. MAGEE, Secretary.

San Francisco County.

Meeting December 8, 1903, called to order at 8:40 p. m., President Rosenstirn in the chair.

Propositions for membership: Drs. Emma Buckley, Arthur Weis, William Condroy, Ostroilo Kuchich, Walter Schaller, Thomas G. Inman, Wm. H. Crothers, Lolita B. Day, Geo. D. Culver, B. F. McElroy, Edw. Sewell, Geo. Blumer, A. B. McConnell, A. E. Garceau, C. B. Munger.

The Committee on Admissions reported favorably on the following: Drs. F. Wyld, J. V. Hughes, F. P. Gray, R. R. Bullock, E. L. Perrault, J. F. Presley, Martha G. Thornwick, A. F. Maine, A. W. Hewlett, C. A. Morris, B. F. Alden.

The following papers were presented: "Presentation of Cases Representing Types of Splenic Enlargement," by Drs. H. C. Moffitt and P. K. Brown.

DISCUSSION.

Dr. Moffitt—In the cases shown by Dr. Brown, I am unable to rule out congenital lues. The fact of one man getting better and remembering the large number of such cases that have been found associated with congenital lues demand at least the therapeutic test of antiluetic treatment before one can definitely decide.

"Demonstration of Congenital Defect of Pectoralis Major and Minor With Other Deformities and Demonstration of Case of Cerebro Spinal Meningitis Luetica,' by. Dr. E. O. Jellinek.

DISCUSSION.

Dr. Terry—It seems that the clavicular portion of the pectoralis major is not missing and that in this manner the function of the arm may be accounted for.

Dr. Grosse—A similar case was recently shown at the Berlin Dermatological Society where particular stress was laid upon the fact of hypertrophy of the deltoid in these cases and a consequent compensatory action of this muscle.

"Presentation of Case of Recurrent Sarcoma," Dr. T. W. Huntington.

"Some Considerations Relative to Stomach Surgery," Dr. T. W. Huntington.

DISCUSSION.

Dr. Barbat—These facts have for some time been recognized in Europe, but it seems we are always a few years behind. The surgeon is, of course, the only one who will recommend exploratory incision, for the reason that cases which come to the surgeon, especially from the internist, have passed through the diagnostic gamut and by that time have a tumor which the surgeon is called upon to relieve. Men who have had much experience begin to realize that if they expect a cure they must refer the patient to the surgeon in time. I do not believe that if a diagnostic incision is properly made and sewed that it does the individual any damage.

Dr. Perry—I believe it is a recognized fact among internists that where any disease of the stomach has been in existence for many months it needs mechanical treatment. Drugs are of little use.

Dr. Moffitt—I think it a mistake to state that an exploratory incision is a small matter. It may be to the surgeon and the hospital, but never to the family. A simple incision is very dangerous at times, and I

have recently seen death both from chloroform and ether as well as infection. I have seen several incisions made for cancer where only gall stones were found. The man who would incise too early, before a diagnosis has been made, certainly puts medicine behind. The internist, if careful, will be able to cure most cases of gastric ulcer. In doubtful cases the internist is usually the first to call the surgeon.

Dr. Rixford—I would second what Dr. Moffitt has said. There is no question, I believe, among the more conscientious and up-to-date internists that cases which may be carcinoma of the stomach should be submitted to exploratory incision without waiting beyond a reasonable time. Personally I have had some little experience in making exploratory incisions, and I admit that they are not all that they should be, but I do not recall a case in which the exploration was followed by such serious consequences as cited by Dr. Moffitt. A small incision an inch or so long as has been indicated is less harmful to the patient than a longer one, but it gives much less satisfactory information. To sum up the matter, I think that surgeons simply have to leave the question to the internists. The more conscientious of the internists will realize the value of surgical exploration for diagnostic purposes in such doubtful cases.

Dr. McDonald—I believe what Dr. Huntington has said is true. I certainly think that incision should be made earlier. I have opened several stomachs where I have found cancer involving both stomach and transverse colon, with very little to be felt outside.

Dr. Kreutzmann—I think that the points taken by Drs. Huntington and Barbat should be known among the profession. An incision looked upon from the standpoint of the surgeon is nothing more than an extension of the examination.

Dr. Tait—In answer to those speakers who have said that an abdominal incision is not a dangerous thing, I think I may safely say that five or eight out of ten exploratory incisions are followed by adhesions. Those who have had occasion to reopen the abdomen after simple incision have probably noticed this. I do not think it good surgery to minimize the danger of any surgical operation.

Dr. MacMonagle—It is not right that it should go forth from this society that an exploratory incision is not a matter of extreme gravity. We assume that we have a patient who has an illness that is a grave one. Surgery of any kind that opens into the cavities of the body should be surrounded by the greatest care. An abdominal incision is purely a matter of gaining information that both surgeons and internists may learn. A large amount of information that has been gained in these cases has been gained by the surgeon. As soon as there is a question of doubt and medicinal remedies do not react, then we are justified in making an exploratory incision.

Dr. Huntington—I have said many times that no operation in surgery is trivial to the patient, the patient's friends or the surgeon. There is no one who leans more heavily on the internist than I do. There is no man who more fully appreciates the best work that has been done. I think that the work of the surgeon sinks into oblivion when compared with the work of the internist. I still maintain that the internist may come to us now and then and get advice that he can get nowhere else, and can save a life now and then, and can do it through an exploratory incision made at the proper time and in the proper manner.

"Demonstration of An Instrument for Showing the Respiratory Movement During Narcosis," by Dr. D. A. Stapler.

On motion of Dr. Philip Mills Jones, the trustees were directed to pay to the Medical Society of the State of California the sum of $300 for the fund being raised to defend the State medical law and the Board of Examiners in suits directed against them. Passed unanimously.

On motion of Dr. Terry, the sum of $2,000 was appropriated for the use of the Library Committee in completing files and to cover purchase of additional books.

On motion of Dr. Grosse, this society voted unanimously to endorse the resolutions recently passed by the Santa Clara County Medical Society with reference to attacks on the State medical law.

San Francisco Society of Eye, Ear, Nose and Throat Surgeons.

The monthly meeting of the Society was held on October 15, 1903. The president, Dr. Louis C. Deane, in the chair.

Dr. John C. Sundberg spoke of his experience in the Orient with various forms of eye disease.

Dr. Pischel presented a case of "Fibroma of the Nose and Nasal Pharynx" which completely occluded those orifices. He will report more fully at a future meeting after operating. He wished to know what the experiences of the members are in removing such growths.

Dr. Phillips removed a postnasal growth twice in a boy 16 years old, and though it returned the third time, it subsequently showed signs of atrophy without treatment. He wished to know if Dr. Pischel's case presented any signs of rapid growth or pressure.

Dr. Eaton—I have had some experience with these tumors, and have tried every way of removing them. After snaring off the mass of the growth with the hot and cold snare, or both, I have depended mainly upon galvano-cautery to destroy the base. Using an electrode of my own construction, I pass it into the fossa, and pass the forefinger of the other hand above the palate until it meets the electrode in the fossa, and then close the circuit with my foot. Electrolysis is most useful when there is a tendency to hemorrhage. It is not wise to lose sight of the patient for more than six months, until the growth is entirely destroyed.

Dr. Franklin suggested the method of E. Fletcher Ingals as most practical in the removal of these growths.

Dr. F. B. Eaton demonstrated the substance of a paper on "Some Forms of Irregular Astigmatism; Their Detection and Correction." He showed how with a common school slate, having a series of concentric circles divided by a protractor into every ten degrees, the equivalent of any two cylinders with their axes not at right angles, could be quickly and accurately determined. The method is notably a practical one, and when testing under a strong cycloplegic, two lines on the astigmatic chart at right angles are neutralized, and a third is then found blurred, the cylinder which clears it enters into the above slate method with the first cylinder.

Dr. Martin presented a patient (shown at the Society two years since) with traumatic cataract, caused by a sharp leadpencil perforating the lens. A peculiarity of the case was that the cortical matter of the lens became entirely clear while there was left a posterior capsular cataract; as this was persistent for a period of six months and vision was reduced to perception of light in that eye, Dr. Martin needled the lens a number of times and finally opened the bulb with a keratome and removed the opaque capsular membrane with capsule forceps. At present the boy with proper correction has 20/30 vision.

Dr. Kaspar Pischel presented a case of "Atrophy of the Optic Nerve With Peculiar History." Cornelius

J. B., age 41 years, was seen by me July 2, 1903. He had been treated by his physician for about four months with sublimate iodid mixture internally for ulcers in his nose of syph. nature. A few years previous he had fallen on his nose, which is, since then, crooked. For last two months noticed a decrease in sight. Two weeks ago left eye became suddenly blind, eight days ago had to stop work as a carpenter, three days ago became suddenly totally blind. St. pr. Sickening stench from nose. After removal of a large loose necrotic bone, septum showed in center perforation about one inch in diameter, the border covered with granulations. Amaurosis, pupils 6 mm. not reacting. Right eye disc slightly gray. Left eye disc hazy, streaky hemorrhages inward. In spite of strong specific treatment amaurosis remained unchanged and now we see ophthalmoscopically a clear picture of atrophy of optic nerve. I have given the patient intravenous injections of cyanide of mercury, one centigram, and even two, a day.

Dr. Brady—May I ask Dr. Pischel the field of vision in his case? I am, at present, treating a patient with a very large central scotoma and marked peripheral contraction. Both discs very hazy, somewhat swollen and pale grayish pink. V. R. & L.=6/200. He gave a history of eating sulphur used for bleaching dried peaches, also of exposure to cold with resultant facial neuralgia. Everything appeared of a bright yellow color. When under observation for three weeks, macular syphilides appeared on forehead and vertex, accompanied by mucous plaques on the mucous surface of the lips. After mercurial remedied V. R. & L.= 20/40. Dr. Brady also spoke on salivary calculi.

Salivary calculi are composed mainly of the phosphates of calcium and magnesium, with a small amount of organic matter. Under the tip of the tongue small concretions are most frequent. A tenable hypothesis for their frequent appearance in the ducts of Wharton and Bartholin is the greater viscosity of the secretion of the submaxillary and sublingual salivary glands compared to the more watery secretion of the parotid. The use of acid, pungent or saccharine articles of food usually produced disagreeable symptoms.

The first patient suffered with sub-acute tonsilitis and with enlarged and tender submaxillary lymph nodes. I probed the ducts but failed to locate any obstruction. The patient complained still of a prickling feeling under the tip of the tongue. Following instructions, she ate pickles at breakfast and presented herself two hours later with a marked swelling under the angle of the jaw on the right side. Probing detected a mobile round body 4 mm. from the orifice. Splitting the duct with a canaliculus knife an ovoid concretion dropped out of a small lateral diverticulum. This had acted as a ball valve, giving trouble only in case of sudden increased secretion. The second specimen was larger, fixed inside the duct near the orifice, easily detected and readily removed. Later a man consulted me for a sticking sensation on the right side of the frenum of the tongue. Passing a fine forceps into the duct I extracted a small piece of a bristle from a tooth brush encrusted with salivary deposit. The bristle served as a nucleus and, if left, would have developed into a larger sized concretion.

Dr. Deane showed a calculus that he had removed from Wharton's duct. There was great swelling of the submaxillary gland and the calculus was removed by splitting up the duct the shape of which it had assumed. It was two and a half centimeters long.

Dr. Frederick—Some months ago a man 52 years old consulted me for a swelling on the left side of the neck. The region was that of the left submaxillary gland, and the swelling and hardness were such that a malignant growth was thought of, especially as the patient was rather cachectic looking. He gave a history of gradual onset, slow growth and considerable pain in the tumor and the left tonsil. Some pus was seen coming from a small opening in the floor of the mouth in front of the anterior pillar. An incision at this point gave vent to a small amount of pus and the probe came upon a hard mass, which proved to be the calculus which I here show you. You will see, by comparing it with the two just shown you and those you have yourself seen, that this concretion is of unusual size. It is 15 mm. long, 10 mm. wide, and weighs 20 grains. After removing the calculus the swelling subsided in about a week, and the pain disappeared. Some induration of the surrounding tissue was still present when the patient returned to his home in the country, and as I have not heard from him since, I suppose he is doing well.

Dr. Eaton described a case of calculus of Wharton's duct. The patient, a man of about 30, came to him complaining of pain under the right side of the tongue. On examination, Wharton's duct was seen projecting forward like a quill, and was red ana inflamed. A whitish body was seen, and on dislodging this, which proved to be a calculus the size of a pea, the saliva spurted in a stream from the mouth for about two feet.

Dr. Brady showed a specimen of cyclocephalus in a full-term calf, showing a perfect median solitary globe with no sign of a proboscis or median furrow above, as a remnant of the nose. There was also an arrested development of the naso-pharynx. A single optic nerve piercing a median optic foramen leads back to what appears to be a fusion of the thalamus and anterior corpora quadrigemina on the left side. There is marked aplasia of the brain. The medulla, pons and cerebellum together with the corpora quadrigemina occupy about 1/3 of the cranial cavity. Nothing was found of the cerebral hemispheres, the remaining 2/3 being occupied by a hydrocephalic sac, its walls being formed by the dura. The monster was born alive, but killed by the owner two hours after birth.

San Joaquin County.

The regular meeting of the San Joaquin County Medical Society was held in the offices of Dr. W. M. S. Beede in the Hale building, Stockton, on the evening of November 27, and was well attended. Dr. B. F. Ray presided and Dr. Barton J. Powell acted as secretary. Dr. W. M. S. Beede read a paper entitled "Medical Nomenclature" wherein he called attention to the necessity of accuracy in the designation of medical terms, especially in the matter of registration of births and deaths.

Dr. H. W. Taggart addressed the gathering upon the subject of "Psychical Suggestions in Medicine." Both subjects were thoroughly discussed with great evidence of enthusiastic interest. After the serious work of the session was completed the members were entertained at supper by Mrs. Beede, assisted by Mrs. Taggart. It was one of the most interesting and enjoyable sessions the San Joaquin Medical Society has ever held.

BARTON J. POWELL, Acting Secretary.

Santa Clara County.

At the stated meeting of the society held December 16, the attendance was unusually large. Those present were entertained by two very interesting papers; the first by Dr. L. V. Saph, in which he recited a clinical case of purpurea hemorrhagica to which he had recently been called in consultation. The other by Dr. G. F. Witter, whose subject was "Local Anesthesia,"

illustrated by drawings and practical demonstrations of cocaine injections in the presence of the audience. Both papers were well received and freely discussed.

J. LAMBERT ASAY, Secretary.

Santa Cruz County.

Organized December 22, 1903.

In response to a call sent out by the organizer appointed by the Board of Trustees, the following physicians of Santa Cruz County met at the St. George Hotel, Santa Cruz, at 8 p. m. on the 22d of December, and organized the Santa Cruz County Medical Society, and by motion requested affiliation with the State Society: Drs. Bush, Christal, McGuire, Hedgpath, Pope, Phillips, Priestley, Vaux and Watters. Those who could not attend the meeting, but had asked to be enrolled as charter members, were Drs. Anderson, Beebe, Bellamy, Burbank, Clark, Congdon, Green, Keck, Knight, Emma Pope and Rodgers. The meeting was called to order by Dr. Philip Mills Jones, trustee of the State Society, and Dr. Vaux elected chairman and Dr. Pope secretary. Dr. Jones then explained the purposes and method of organization, and read the constitution and by-laws recommended by the A. M. A., and the trustees of the State Society. On motion, it was decided to organize the County Society by adopting the constitution and by-laws as read. On motion, the chairman appointed a nominating committee of three who retired and prepared nominations for officers for the ensuing year. The committee then reported, and on motion the secretary was instructed to cast the ballot of the society for the nominees, as follows: President, Dr. Exeter P. Vaux; vice-president, Dr. Spencer C. Rodgers; secretary, Dr. Saxton T. Pope; treasurer, Dr. Ira C. Bush; delegate, Dr. S. T. Pope; alternate, Dr. W. R. Congdon; censors, for one, two and three years, as given, Drs. Phillips, Christal and McGuire. On motion, the secretary was instructed to write to the secretary of the State Society, asking that the Santa Cruz County Medical Society be accepted in affiliation with the State Society. On motion, the next meeting place was set for Santa Cruz, the first Monday in March. On motion, the society decided to meet the first Monday in the months of December, March, June and September. On motion, the roster for charter members was left open until the next meeting, in March, and the secretary was instructed to notify all eligible physicians in the county of the organization, time and place of next meeting, and invite those who have not joined to do so. The society then adjourned.

There is a spirit of rivalry—sometimes perhaps of jealousy—existing between the physicians of Santa Cruz and Watsonville, two fine cities not very far apart. Now is the opportunity to make this spirit of rivalry of some real practical value. Let the physicians of these two communities strive to see which can produce the better showing in membership, in loyalty to the profession which they all serve, and in the upbuilding of their county society. Let all strive, not for the aggrandizement of either community, for both are good places to be "at," but for the improvement and the stregthening of the profession of medicine in Santa Cruz County, and for a good, solid, friendly and valuable County Medical Society, where all may meet on common friendly ground, and where all differences of opinion may be thrashed out and settled. The Board of Trustees wishes you every possible good wish in your county organization, and not only a happy and prosperous New Year, but a never ending succession of them, each more prosperous than the one that has gone before it.

Sonoma County.

This county society is making brilliant progress and fully recognizes the importance and advantages of organization and affiliation. The following notice sent out by the efficient secretary, Dr. Mallory, for the meeting here reported is a model.—Ed. JOURNAL:

SONOMA COUNTY MEDICAL SOCIETY—FORTY MEMBERS.

Dear Doctor—Don't forget our annual meeting on Thursday, December 10, at 8 P. M., Eagles' Hall, Santa Rosa, Cal. Fine paper and discussions of the same. Election of officers and committees.

The 10th is the last day that the roster will be open. If you can't come send your name before or at that time, and you will be a charter member, Sonoma County Medical Society, member of State Society; in line for American Medical Association, receive OFFICIAL REGISTER OF PHYSICIANS AND SURGEONS OF STATE OF CALIFORNIA, which is just out (we have received a copy for each member that belonged to the Society in October), will receive a STATE MEDICAL JOURNAL, all for $2.00, which pays for 1904. But the 10th inst., next Thursday, is the last day for charter members; then the price is $5.00, which includes dues. The Official Register of Physicians and Surgeons of California alone to non-members will cost $2.25, besides your membership in State Society and STATE MEDICAL JOURNAL. (Every doctor in California should take this scientific journal.) Now, Doctor, we want you to send in your name and yourself be present on Thursday evening, December 10. Fraternally,

G. W. MALLORY, M. D., Secretary.

The Sonoma County Medical Society met in Eagles' Hall on December 10, at 8 p. m., M. M. Shearer, M. D., presiding.

After reading of minutes and communications, Dr. R. A. Forrest of Occidental was introduced. His paper, entitled "The Emotions in Relation to Disease," was instructive and valuable to our profession, as the writer showed a deep insight into the hidden or real self. All physicians would be benefited to hear the paper. This was followed by a discussion by Dr. Stratton of Healdsburg. Dr. Stratton ably discussed the mind over body, etc.

Dr. Stuart gave many valuable hints in a ten-minute talk on the subject, saying that emotions are not always detrimental to patient, saying that school teaching should embody psychology.

Dr. Henslee took up the discussion, but owing to the election of officers the general discussion was postponed to the meeting January 14, 1904, in same hall.

The following officers were elected to serve for the ensuing year:

J. W. Jesse, M. D., Santa Rosa, president; George Ivancovich, M. D., Petaluma, vice-president; G. W. Mallory, M. D, Santa Rosa, secretary; J. H. McLeod, M. D., Santa Rosa, treasurer. Censors—A. McG. Stuart, M. D., one year; J. W. Sewall, M. D., two years; M. M. Shearer, M. D., three years. Delegates—George Ivancovich, M. D.; E. M. Yates, M. D. Alternates—R. M. Bonar, M. D.; W. A. Barmore, M. D. President Jesse appointed Drs. A. M. Thomson of Sonoma, Smith McMullin of Petaluma and J. W. Kerr of Sebastopol the Committee on Public Health and Legislation.

Santa Rosa was chosen as the permanent meeting place with option to meet at other localities during the year if thought advisable.

The following named have been added to the roster since November meeting: Drs. Edward Gray, Eldridge; S. M. Rohr, Santa Rosa; J. R. Nott, Lakeport; George F. Wells, Boonville; R. E. Boone, Santa Rosa; H. O. Brink, Lakeport and E. G. Bennett, Petaluma.

The meeting adjourned at a late hour.

G. W. MALLORY, Secretary.

COMMUNICATIONS.

FERNDALE, Cal., Dec. 8, 1903.

To the Editor of the State Journal:—On page 398 of the December number of the STATE JOURNAL, editorial department, I read under head of "A Title of Honor," that it is a debatable question as to whether or not there are too many doctors of medicine.

Will you kindly inform me through the columns of the JOURNAL what part of this question is debatable?

With at least seven institutions in our State actively engaged in grinding out M. Ds. how could there fail to be a most ridiculous oversupply of doctors?

Add to that the fact that there is one non-resident or foreign regular physician, to say nothing of Homeopaths and Eclectics, to every 700 inhabitants, duly registered and at liberty to enter practice in this State, should the chance offer, and to my mind it leaves still less chance for debate.

Will the present oversupply of medical colleges tend to increase sound medical education or will the mad struggle for existence lead these schools into disreputable actions, derogatory to the profession and will they not eventually become mere "doc." factories?

Again, kindly inform me how the dignified self-respecting physician is to be held responsible for the manners of his illbred neighbors. While it is almost a national custom to address the doctor as "Dawk," what is the self-respecting physician going to do about it? Very truly yours,

H. S. DELAMERE, M. D.

H. S. D.—Please, you are mistaken. We did not say that it is a debatable question whether there are too many doctors or not; we said, "it may be a debatable question." It might be, but it isn't—in our opinion. The only way to stop the too great increase is to raise the standards very high; and if the standards are raised very high, there is at once a great howl. As witness the suits against the constitutionality of the law regulating the practice of medicine. As to how to avoid being called "dawk," that is another question. You might, perhaps, have a lot of slips printed of the editorial in question, and when the epithet is applied, hand out one of these cards.—ED.

Pure Water for Ithaca—The turbine pumps which deliver water to the new Fulton plant of the Ithaca Water Company were set in motion and the citizens of Ithaca and the students of Cornell are assured of an abundant supply of pure water. Although tests had been in progress in the plant several days, no announcement was made until yesterday that it was ready for operation. Six months ago Cornell loaned to the Ithaca Water Company $150,000 for the building of the purification plant and work has been continuous since. The water, as soon as delivered to the receiving wells, is charged with a solution of sulphate of alumina, which forms a white, flaky precipitate. The water is then passed into coagulating basins, where 70 per cent of its impurities settle. It is then passed through six filters of a capacity of 3,000,000 gallons daily.—*Jour. A. M. A.*

BOARD OF MEDICAL EXAMINERS.

The following list is that of the candidates at the last examination of the Board of Examiners. The (?) indicates that on the record furnished the Publication Committee no date of graduation was given. The (*) refers to the fact, as stated, that this was the second examination taken.

Examination December, 1903.

PASSED.

Albany Med. Coll., N. Y., '87, 81⅝.
American Med. Missionary Coll., Ill., (?), 77⅛.
Bellevue Hosp. Med. Coll., N. Y., '69, 75⅞.
Coll. Phys. and Surg., Cal., '02, 78⅜.
Coll. Phys. and Surg., Ill., '01, 77⅛; '03, 83⅜.
Coll. Phys. and Surg., N. Y., (?), 77⅓.
Cooper Med. Coll., Cal., '98, 83⅝; '03, 78⅝; '03, 78⅓; '03, 77⅓; '03, 75⅛.
Detroit Med. Coll., Mich., '76, 75; '02, 78⅛.
Hahnemann Med. Coll., Cal., '03, 80⅞; '03, 81⅞, '03, 77⅞; '03, 81⅝; '03, 77⅔.
Hahnemann Med. Coll., Ill., '03, 82⅓.
Harvard Univ., Mass., '91, 84⅞; (?), 82⅔.
Ill. State Board of Health, Ill., '98, 83⅔.
Jefferson Med. Coll., Pa., '01, 81⅛.
Johns Hopkins Univ., Md., '02, 78⅝.
McGill Univ., Canada, '99, 80⅔.
Med. Coll. of Ohio, '80, 85⅝.
Northwestern Univ., Ill., ,02, 82⅓; '03, 83⅓; '03, 80⅛.
Royal Coll. of Surg., Eng., '95, 85⅓.
State Univ., Iowa, '83, 75⅛.
Univ. of California, '00, 76⅔; '02, 86⅓; '03, 82⅛; '03, 83⅜; '03, 84⅛.
Univ. of Iowa, Homeo., '96, 77⅛.
Univ. of Michigan, '94, 82⅝; '01, 83⅛.
Univ. of Minnesota, (?), 75⅝.
Univ. of Pennsylvania, '89, 80⅓; '93, 91⅓; '00, 84⅝.
Univ. Southern California, '03, 78⅛.

FAILED.

American Med. Missionary Coll., (?), 70⅜.
Coll. Phys. and Surg., Cal., '02, 59⅝.
Coll. Phys. and Surg., Ill., '95, 68; '01, 68⅞.
Cooper Med. Coll., Cal., '03, 72⅓; '03, 74⅜.
Detroit Coll., of Med., Mich., '96. 74⅝.
Faculty of Paris, France, '91, 69⅝.*
Hahnemann Med. Coll., Cal., '03, 73⅝.
L. I. Coll. Hosp., N. Y., (?), 64.
Meharry Med. Coll., Tenn., '93, 56⅜.
Missouri Med. Coll,, '89, 67⅜.
Omaha Med. Coll., Nebr., '99, 68⅛.
Rush Med. Coll., Ill., '90, 63⅞.
State Univ. of Denmark, Copenhagen, '94, 66⅞.
University of S. Tennessee, '01, 73⅛.*
Univ. of Vermont, '90, 69⅛.

CONDITIONED.

American Med. College, Missouri, '97, 75.
Cleveland Hosp. Coll., Ohio, '86, 79⅞.
Coll. Phys. and Surg., Baltimore, Md., '01, 75⅜.
Hahnemann Med. Coll., Cal., '03, 75⅛.
Univ. of Michigan, '03, 77⅞.

*Second Examination.

Longer Medical Course.—The College of Physicians and Surgeons of the Province of Quebec is reported to have recently decided to lengthen the medical course to five years, and furthermore, voted that British licenses should no longer be recognized in that province. A more complete preliminary education as represented by the B. A. degree was also advocated for students of medicine. — *Boston Med. and Surg. Journal.*

THE EYES OF SCHOOL CHILDREN.

(Continued from page 407 December JOURNAL.)

Astigmatism—Test each eye separately with Pray's astigmatic chart.

With the normal eye the letters appear of equal distinctness and blackness.

If astigmatism be present, to any extent, certain letters will stand out sharp and black. Others will appear less distinct and more or less blurred. Ask the pupil which letters are blackest—stand out best. The lines of the letters, which are plainest, mark out the meridian of the eye which focuses the lines on the retina.

Astigmatism is very common, and the eye overcomes a small amount without trouble. Astigmatic eyes otherwise normal will not see details well at a distance. The leaves of trees will seem mingled together in a mass. The letters of books will tend to run together or seem indistinct in certain directions on the page, and stand out plainer at or near right angles.

Record astigmatism in school register in same column as visual fraction for right and left eye, as follows: 20/20 (a), the (a) meaning astigmatism.

Muscular Imbalance—A: Lateral deviation. (1) Esophoria. (2) Exorphoria.

Place the child 20 feet from a lighted candle. Hold a Maddox rod (piece of cardboard about 1½x1 inches with slit 1 inch long, 1-16 inch wide, in which is fixed a small glass rod, of uniform diameter) horizontally, in front of one of the eyes. The rod will change the candle light into a narrow vertical band.

The eye before which the rod is placed will see a narrow vertical band. The other eye will see the candle. With both eyes, if the muscular balance is normal, a vertical band of light will pass through the candle.

If there is muscular imbalance (lateral deviation) the vertical band of light will be either to the right or to the left of the candle.

1. Esophoria (eyes turned inward abnormally): When the band of light is upon the side of the candle indicated by the eye before which the rod is placed, using the words *right* and *left*.

2. Exophoria: When the band of light is upon opposite side.

A small amount of esophoria is to be looked for in the far-sighted eye, and is not a disadvantage. Exophoria, however, in connection with far-sightedness, is a matter of much concern.

B—Vertical deviation. Hold the Maddox rod in a vertical position in front of one eye.

If the muscular balance is normal a horizontal band of light will pass through the candle. If muscular imbalance exists, then the band of light will pass above or below the candle.

Record in the school register, blank column: Esophoria—Es. Exophoria—Ex. Vertical Deviation —V. D.

A combination of far-sightedness and exophoria or of near-sightedness and esophoria should receive immediate attention. The results are most serious. Several cases of this nature have come under the writer's observation within the past year, mostly in the grammar grades and in the high schools; cases where stuttering even has ceased upon the wearing of proper glasses and the exercising of the eye muscles.

Others, again, have stopped school, disregarded advice in this matter, and are yet spending all their nerve energy trying to see, and doing practically nothing else.

Color Blindness—No tests for color blindness are suggested at the present time. It may not be amiss to state those widely used.

1. The Holmgren Test. "The person is given a *test skein* of wool of *light-colored pink*, and told to select (not name) from a mass of similar skeins, those which most nearly resemble the skein to be matched. If he is color blind, he will confuse the grays, the greens, the pinks, the browns and the reds. As a confirmative test he is given a light, pure green to match in the same way."

2. The Railroad Test (Thompson Test). The apparatus used is a stick to which numerous bundles of yarn are attached, light green being used as a test skein. The yarns on the stick are numbered from 1 to 20, and are arranged in *alternate green* and confusion colors. The *odd numbers* are green; the *even*, confusion colors. The selection of 10 tints is required. If the person has a good color sense his record will exhibit none but odd numbers. If he is color blind, the mingling of even numbers shows this defect. A similar plan in schools is often followed, where teachers are interested, using colored paper slips.

Green-blindness and red-blindness are the common forms. There may be blindness to blue, yellow, red or green. To green-blind persons red and yellow are the same color, *both yellow*, of different degrees of brightness. Green also appears as a pale yellow with a gray or white band in its central part, while the violet end of the spectrum is seen as different shades of blue. The brightest part of the spectrum is the *yellow*. The red is a sort of darkened yellow. To the green-blind, red flowers and green leaves would both seem yellow.

To red-blind persons red and green are the same color, *both green*, of different degrees of brightness. Green is the brightest part of the spectrum. The violet end is seen blue, as in green-blind persons. A band of white or gray occurs in the far end of the green. To the red-blind, red and yellow flowers would both seem green.

HYGIENE.—Light. Type. Script. Board-Work.

Light—Proper and sufficient lighting of the school room is most important. The light should come from the left, or from the left and rear of the desk, and from a source above the children's heads. Coming from the right it produces shadows of the hands and arms; coming from the rear the pupil, himself, is in the road. Light from the front is the worst of all.

There should be at least one square foot of window space to each four or five feet of floor space. Where windows abound excessive light can be readily controlled.

Where the *sills* are *low*, window shades should be placed at the bottom as well as the top of the windows.

Type—

Size of the letters: Breadth is more important than height. Letters usually are one-third higher than broad. As a *standard* the short letters that occupy space, nearly square, are taken; for example, the letter n.

The smallest retinal image perceived at the most sensitive part of the retina, the macula, corresponds to a visual angle of five minutes (5′). For reading, print is held at the distance of distinct vision, 12 to 14 inches from the eyes. For the retinal image to be of the proper size for adults to read easily at this distance, the height of the letter n should be about 1½ mm. The distance between the lines 2½ mm. For children the types should be much larger and the leading also.

The following minimum heights of types for the different grades are the result of much recent careful experiment:

1st Year—Type, 2.6 mm. 1-10 of an inch. Leading, 4.5 mm. 1-5 to 1-6 inch.

2d and 3d Years—Type, 2 mm. 1-12 inch. Leading, 3.6 mm. 1-7 inch.

All grades above the Fourth—Type, 1.6 mm. 1-16 inch. Leading, 3 mm. ⅛ inch.

The metric values given are correct. The English equivalents are approximate changes. One millimeter (mm.) equals approximately 1-25 inch.

Larger type and wider leading is much easier upon the eyes.

Board-Work.—Charts. Taking the distance of distinct vision as 12 inches, it is easy to compute the size that letters or script should be at any given distance. Simply multiply the height of type given for books by the distance to the board (feet). These results are as follows: Board at distance of 30 feet.

1st Year—Non-loop script letters, 84 mm. 3 1-3 inches. Leading, 135 mm. 5½ inches.

2d and 3d Years—60 mm. 2½ inches. Leading, 120. 4 4-5 inches.

4th Year—54 mm. 2 1-6 inches. Leading, 108 mm. 4 1-3 inches.

5th Year and all other Grades—48 mm. 2 inches. Leading, 90 mm. 3 2-3 inches.

The metric values are correct. The English measures are approximate changes. Larger script is desirable.

Legibility of Type and Script—The letters of the alphabet are not all equally legible. In reading, the eye does not examine all part of each letter, but fixes its point of *clearest vision* along a *horizontal line* which cuts the *tops* of the *main parts* of the letters. The difference in the legibility of a sentence, the top or bottom half of which has been erased, is most marked. Reference is here made to an illustration given at the October Teachers' Meeting.

The line which the eye follows is dependent on the shape of each letter. By reason of the action of the eye in this regard, certain letters are confused with others; for example, h and b, I with l, g and a, a with s; c, e, and o are readily interchanged.

Children make mistakes by substituting one letter for another. It has been found by careful experiment that the most legible letters are: w, m, q, p, v, j and f; h, r, k, b, x, l, n and u are classed as fair; a, t, i, z, o, c, s and e are poor.

Letters are also more legible if the internal spaces are greater. The letters have a greater breadth. The strokes of the types should not be *thin* nor yet unduly *thick*. The areas of black and white ought to be as much in a mass as possible. An unduly thick stroke infringes on the open spaces of the letters.

The spacing between the letters should not be less than half the width of the letter itself.

The intervals between words should be sharply marked. A space of *not less* than *double the width* of the letters is a good working distance. A greater space may be advantageous for learners, but too great a space retards.

Reading is accomplished mainly by observing the differences in the shapes of the *upper parts* (main parts) of the letters. The best type marks those differences most clearly, separates the letters sharply from one another by the right spaces and marks well the intervals between the words. What is true for type is true for work at the board, save for the effect of irradiation.

Irradiation—Irradiation exerts some influence upon the legibility of letters. Because of irradiation a bright object on a dark background is seen larger than it really is. The stronger stimulation of the retina due to a bright object seems to spread out on the image of the retina.

An example of this is "the old moon in the new moon's arms." The part of the moon seen by "earth shine" always seems to be part of a smaller sphere than the bright part of the moon.

Again, hold a pencil across the flame of a lamp or a gas jet. The lead pencil appears very much smaller where it crosses the flame. The rays of the light from the flame are more intense than those from the pencil and affect a greater area of the retina.

The Effect of Irradiation on Type.—Because of the irradiation the white paper produces a rounding effect upon black letters, especially the corners. Some changes in type have been suggested in this regard, making letters *sharper angled*, and other changes making letters more open in form, etc.

On the blackboard, if the board were always black, the reverse would be true and the white letters would stand out sharp and clear. Unfortunately the board is not always black, but usually a grayish tint and the helpfulness of irradiation largely done away with, and the opposite effect results. For a similar reason the use of slates is condemned. Experiments have proved that the legibility of letters of equal size written on slates and on white paper with black ink is as 3 to 4.

Length of Lines—The length of lines ought to be such that the muscles of the eyes work right under right conditions in moving the eyes to and fro. The shorter the line the less fatigue it produces. Again, there is a change of accommodation as the eye passes from the middle to the end of the line.

The proper length is given for books at three inches. For copybooks at five and one-half inches.

The schools as a rule call for too much written work from pupils under ten or eleven years of age. As little reading and writing as possible should be given pupils under ten years. Up to nine or ten years of age the auditory memory is stronger than the visual memory. Children are ear-minded.

After about the tenth year the visual memory becomes the stronger and continues to develop more rapidly than the auditory throughout school life. Children are then more eye-minded than ear-minded.

Many other points suggest themselves in the hygiene of the eyes and the work of the school room as the child develops.

Excellent books which give the results of the latest and most careful experiments along this line, also the subject of School Hygiene as a whole, are the following: "Personal Hygiene," Pyle; "Physical Nature of the Child," Rowe; "School Hygiene," Hope & Brown; "School Hygiene," Shaw. These books are plain and direct in statement, not over-technical, and contain much that every teacher ought to apply continually in the school room.

Importance of the Work in School Hygiene; the physical balance of children; the eye as an illustration.—It is not intended in this leaflet to over emphasize the importance of correcting eye defects. The normal person can overcome defects in any direction to a greater or less extent and cannot afford to burden himself with spectacles or any other appendage which it is more trouble to take care of them to get on without. Merely this: In the normally developed and developing child the nerve centers controlling all organs of the body work in harmony. When one organ of the body is so far out of good working condition that this harmonious action of the nerve centers is interfered with, trouble (more or less of it) results all along the line. Working ability is injured; development is arrested to some extent.

The nerve centers controlling the eye are situated in the occipital lobes of the brain and are in the closest relation with those of speech, hearing, nutrition, circulation and others. The function of vision is vital to every act, emotion and thought. Vision is, therefore, most important in relation to complete development.

The physical balance of the child involves all other organs to a greater or less extent for each. When normal development is in action there should be present at different ages a certain degree of strength and endurance, certain vital capacity and motor ability.

The child's precision and accuracy, the development of his memory, all these are an index to his physical balance on the one hand and his development on the other.

This larger study of the child is of the highest interest and importance. In it all study of sense development and sense defects, and all other functions find their proper setting.

BY-LAWS.

(Proposed Constitution and By-Laws, continued from page 418, December JOURNAL.)

ARTICLE II.

MEETINGS.

SECTION 1. The annual meetings of this Society shall convene on the third Tuesday in April of each year.

SEC. 2. Special meetings of the House of Delegates may be called by the President upon the written request of at least twenty Delegates, provided that each Delegate is notified as to time, place and object of the proposed meeting.

SEC. 3. During the annual meeting of this Society, the general meeting shall convene each day at 9 A. M., and at such other times as it may, by resolution, determine, which times shall not conflict with the sessions of the House of Delegates. Section meetings may be provided for by the Committee of Arrangements. The House of Delegates shall meet each day at 8 P. M., or at such other time as will not conflict with the general meetings.

SEC. 4. The general meeting may recommend to the House of Delegates the appointment of committees or commissions for scientific investigation of special interest and importance to the profession and public.

ARTICLE III.

HOUSE OF DELEGATES.

SECTION 1. The House of Delegates shall be the legislative and fiscal body of the Medical Society of the State of California, and shall consist of delegates representing each component society.

SEC. 2. The House of Delegates shall meet at 8 P. M. on the first day of the annual session. It may adjourn from time to time as may be necessary to complete its business, provided, that its hours shall conflict as little as possible with the general meetings. The order of business shall be arranged as a separate section of the program.

SEC. 3. Each component county society shall be entitled to send to the House of Delegates each year one delegate for every 25 members, and one for each major fraction thereof, except in the event of reapportionment, as provided in Article IV, Section 8; but each component society which has made its annual report and paid its assessment as provided in this Constitution and By-Laws, shall be entitled to one delegate.

SEC. 4. Twenty-five delegates shall constitute a quorum.

SEC. 5. Delegates shall be elected for a term of two years, and those societies entitled to more than one representative are required to arrange such election so that one-half of their delegates, as near as may be, shall be elected each year.

SEC. 6. At the first annual meeting of this Society, after the adoption of this Constitution and By-Laws, the delegates of component societies entitled to only one delegate, shall draw lots to determine which half of the delegates shall hold for one year. Thereafter all delegates shall hold for two years, or until their successors are chosen.

SEC. 7. The House of Delegates shall approve all memorials and resolutions of whatever character issued in the name of the Medical Society of the State of California before the same shall become effective.

SEC. 8. The sessions of the House of Delegates shall be open to all members of this Society, but, except upon invitation they shall have no right to participate in its proceedings.

SEC. 9. It shall make careful inquiry into the condition of the profession of each county in the State, and shall have authority to adopt such methods as may be deemed most efficient for building up and increasing the interest in such county societies as already exist, and for organizing the profession in counties where societies do not exist. It shall especially and systematically endeavor to promote friendly intercourse among physicians of the same locality, and shall continue these efforts until every physician in every county of the State who can be made reputable has been brought under medical society influence.

SEC. 10. It shall have authority to appoint committees for special purposes from among members of the Society who are not members of the House of Delegates. Such committees shall report to the House of Delegates, and may be present and participate in the debate on their reports.

SEC. 11. It shall elect representatives to the House of Delegates of the American Medical Association in accordance with the Constitution and By-Laws of that body.

ARTICLE IV.

DUTIES OF OFFICERS.

SECTION 1. The President shall preside at all meetings of the Society and of the House of Delegates; shall appoint all committees not otherwise provided for; he shall deliver an annual address at such time as may be arranged, and perform such other duties as custom and parliamentary usage may require.

SEC. 2. The Vice-Presidents shall assist the President in the discharge of his duties. In the event of the President's death, resignation or removal, the Council shall select one of the Vice-Presidents to succeed him.

SEC. 3. The Secretary shall attend the general meetings of the Society and the meetings of the House of Delegates and of the Council, and shall keep minutes of their respective proceedings in separate record books. He shall be *ex-officio* Secretary of the Council. He shall be custodian of all record books and papers belonging to the Society, except such as properly belong to the Treasurer and the Editor, and shall keep account of and promptly turn over to the Treasurer all funds of the Society which come into his hands. He shall provide for the registration of the members and delegates at the Annual sessions. He shall, with the co-operation of the secretaries of the component societies, keep a card-index register of all the legal practitioners of the State by counties, noting on each his status in relation to his county society. He shall aid the Councilors in the organization and improvement of the county societies and in the extension of the power and usefulness of this Society. He shall conduct the official correspondence, notifying members of meetings, officers of their election and committees of their appointment and duties. He shall employ such assistants as may be ordered by the House of Delegates or the Council, and shall make an annual report to the House of Delegates. He shall supply each component society with the nec-

essary blanks for making their annual reports; shall keep an account with the component societies, charging against each society its assessment, collect the same, and at once turn it over to the Treasurer. Acting with the Committee on Scientific Work, he shall prepare and issue all programs. The amount of his salary shall be fixed by the Council.

SEC. 4. The Treasurer shall have charge of all the funds of this Society and shall disburse the same under the authority of the House of Delegates, or the Council, upon warrants attested by the Secretary and countersigned by the President. He shall furnish to the Council a bond in the sum of Two Thousand Dollars ($2,000.00) for the faithful performance of his duties. He shall make an annual report in writing of the finances of the Society to the House of Delegates. He shall receive such salary as may be fixed by the Council.

SEC. 5. The duties of the members of the Board of Medical Examiners elected by this Society shall be such as are prescribed by the laws of California governing said Board.

ARTICLE V.

COUNCIL.

SECTION 1. The Council shall meet on the day preceeding the annual session, and daily during the session, and at such other times as necessity may require, subject to the call of the chairman, or on petition of three Councilors. It shall meet on the last day of the annual session of the Society to organize and outline work for the ensuing year. It shall elect a chairman and a clerk, who, in the absence of the Secretary of the Society shall keep a record of its proceedings. It shall, through its chairman, make an annual report to the House of Delegates. The chairman shall appoint a committee of two, who shall audit the accounts of the Editor at least once each month, and who shall have general supervision of the office of the Society and of its publications. This committee may reject or cancel any advertising matter that it deems undesirable or unethical.

SEC. 2. In sparsely settled sections it shall have authority to organize the physicians of two or more counties into societies, to be suitably designated so as to distinguish them from district societies, and these societies, when organized and chartered, shall be entitled to all rights and privileges provided for component societies until such counties shall be organized separately.

SEC. 3. The Council shall provide for the publication and distribution of a periodical to be known as the "California State Journal of Medicine," or some similar title to be determined by the Council and such other publications as may be necessary, and shall have authority to employ at such salary as it may deem proper, an editor, who shall be responsible to the Council, and who shall properly edit and conduct the official journal and such other publications as may be authorized by the House of Delegates or the Council, and such assistants as may be necessary. The Editor shall furnish to the Council a bond in the sum of two thousand dollars ($2000) for the faithful performance of his duties. All money received by the Council or the Secretary must be paid to the Treasurer of the Society. As the Finance Committee it shall audit the accounts of the Treasurer, Secretary, Editor and other agents of this Society at least once each year and present a statement of the same in its annual report to the House of Delegates, which report shall also specify the character and cost of all the publications of the Society during the year, and the amount of all other property belonging to the Society under its control, with such suggestions as it may deem necessary. In the event of a vacancy in the Council or in the office of the Secretary, or the Treasurer, the Council shall fill the vacancy until the next annual election.

SEC. 4. It shall, upon application, provide and issue charters to county societies organized to conform to the spirit of this Constitution and By-Laws.

SEC. 5. It shall divide the State into Councilor Districts, specifying what counties each district shall include, and, when the best interest of the Society and profession will be promoted thereby, organize district medical societies, and all members of component county societies, and no others, shall be members in such district societies.

SEC. 6. It shall have the power to invest the funds of this Society. Whenever the number of delegates as provided in Art. II., Sec. 3, exceeds eighty, it shall make a reapportionment that will bring the number of delegates within this limit, after carefully examining the membership list of component societies to determine therefrom the number of delegates to which each county medical society should be entitled, such reapportionment to take place at the annual meeting next succeeding that at which the reapportionment is approved by the House of Delegates. It shall fix the salaries of the Secretary, the Treasurer, and the Editor. It shall carefully investigate all charges of mal-practice alleged against a member in good standing, and, if it is found that such charges are groundless, it shall take such steps as may be considered best for the protection and defense of the accused. When deemed necessary, the Council is authorized to employ an attorney to advise or defend in all matters for or on behalf of this Society, or a member of the same. The Council shall meet at the call of the chairman for the transaction of any business that may be properly presented to it.

SEC. 7. It may transact any or all business coming before it by mail, all propositions, motions, questions, etc., being sent, together with a proper ballot, to each Councilor, and when such ballots have returned to the Secretary filled out, and with the signature of the Councilors attached, they shall be filed and recorded as the votes of the Councilors on the matter propounded.

SEC. 8. For the purpose of properly electing the first Councilors under this Constitution and By-Laws, and until the Councilor Districts shall be arranged by the Council, the following shall be the Councilor Districts:

1. San Diego, Riverside, Orange, San Bernardino.
2. Los Angeles, Ventura, Kern.
3. Santa Barbara, San Luis Obispo, Monterey.
4. Fresno, Kings, Tulare, Inyo, Merced, Mariposa, Mono, Madera.
5. Santa Clara, San Mateo, San Benito, Santa Cruz, Stanislaus, Tuolumne.
6. San Francisco.
7. Alameda, Contra Costa, San Joaquin, Calaveras.
8. Sacramento, Amador, Eldorado, Alpine, Placer, Nevada, Yuba, Sutter, Sierra, Yolo, Solano, Butte, Plumas, Lassen, Napa.
9. Marin, Sonoma, Lake, Mendocino, Glenn, Colusa, Tehama, Shasta, Modoc, Siskiyou, Del Norte, Humboldt, Trinity.

On the election of the Councilors under this Constitution and By-Laws, this Section (Sec. 10, Article IV.) shall cease to be a part of these By-Laws.

John Julius Guthrie, brother of Dr. J. A. Guthrie, of the Navy, died after a lingering illness at the family home in Portsmouth, Va., on December 2. Dr. Guthrie recently returned from service in the Philippines and attended his brother faithfully though hopelessly during the final days of his life.

DEPARTMENT OF MATERIA MEDICA, THERAPEUTICS AND PHARMACY.

SYNONYMS.

"Things which are equal to the same thing, are equal to each other."—*Axiom No. 1, p. 19 Davies' Legendre, Edition 1860.*

Few physicians know that many of the "new remedies" marketed under fanciful trade names are identical with remedies having dissimilar names, or are old preparations which have been given fancy names in order to create a false market for the thing in question. For the benefit of physicians and pharmacists the following table has been compiled and will be added to as the requisite information is obtained. The information is secured from chemists and from medical and pharmaceutical journals, and is correct in the main. Should any errors creep in they will be corrected as soon as detected. *Until sufficient evidence to the contrary is forthcoming, it must be assumed that there is no question of substitution involved when the pharmacist supplies a given article under any one of its synonymous names.*

Adeps lane hydrosus	Anasalpin Lanolin Lanum
Argentum Colloidale	Argentum Crede Collargol Colloidal silver
Beta-naphthol benzoate	Benzo-naphthol Benzoyl-beta-naphthol
Beta-naphthol Salicylate	Betol Naphtalol Naphthosalol Salinaptol
Bromacetanilid	Antisepsin Asepsin
Bismuth-iodo-subgallate	Airol Airogen Airoform
Calcium beta-naphthol sulphonate	Abrastol Asaprol
Dimethyl - ethyl - carbinol chloral	Dormiol Amylene-chloral
Dithymol Diiodid	Aristol Annidalin Di Thymol Iodid Di Iodo Dithymol (And several other similar names.)
Ethyl chlorid	Antidolorin Ethylol Kelene Mono-chlor-ethane
Hexamethylene-tetramine	Aminoform Ammonio-formaldehyde Cystogen Formin Saliformin Urotropin
", anhydromethylen citrate	Helmitol
Ortho - ethoxy - ana - mono - benzoyl-amido-chinolin	*Benzanalgene *Analgen *Quinalgen
Paraphenetin carbamid	Dulcin Sucrol
Phenyl-dimethyl-parazolon (Germ. Pharm.)	Analgesin Anodynin Antipyrin Dimethyloxy-quinizin Methozan Phenazon (B. P.) Phenylon Pyrazin Pyrazolin Parodyn Salazolon Sedatin
Phenylacetamide	Acetanilid Antifebrin (And several hundreds of trade names for headache powders, etc.)
Phenylmethyl-ketone	Acetophenone Hypnone
Plant pepsin	Papain Papoid Papayotin Caroid
Salicylic acid ester of quinine	Salochinin Saloquinin
Salicylate of Salochinin	Rheumatin
Sodium sulpho-caffeate	Nasrol Symphoral
Thyroid gland, dried lactose trituration	Iodothyrine Thyroidin
Trioxymethylen	Paraformaldehyde Paraform Triformol

Acetyl-salicylic acid = Aspirin
Aluminum aceto-tartrate = Alsol
Australian oil Eucalyptus = Flucol
Bismuth chrysophanat = Dermol
Bismuth phosphate (soluble) = Bisol
Bismuth pyrogallate = Helcosol
Bismuth subgallate = Dermatol
Bismuth beta-naptholate = Orphal
Calcium permanganate = Acerdol
Calcium salicylate = Colchicin
Catarin hydrochlorid = Stypticin
Chloreton, 1% solution = Aneson
Creosote carbonat = Creosotal
Diethylen-diamin = Piperazin
Guaiacol carbonate = Duotal
Magnesium dioxid = Biogen
Oxyquinaseptol = Diaphtherin
Phenyl-ethyl urethan = Euphorin
Saccharin = Garanotose
Subgallate of bismuth = Dermatol
Sodium chlorate = Oxychlorine
Sodium beta-naptholate = Microcidin
Tang-Kui, Fl. extract = Eumenol
Trichloracetic acid, 50% solution = Acetocaustic

A Reading Notice. Last month the JOURNAL printed in this space an extract from an editorial printed in a recent number of the *New York Medical Journal*, and *signed by Dr. Roberts Bartholow*, in which Dr. Bartholow commented favorably on "A Valuable Hypnotic." In the editorial the statement was made that the chemical in question was not a controlled article, and owing to that fact we published the abstract. Since the issue of the December number, we have been advised that certain persons look upon the abstract as a "reading notice." If it is a reading notice, we certainly were not the ones to receive the compensation; nor does the JOURNAL carry the advertisement of the firm supposed to be benefited. If it is a "reading notice," then does the *New York Medical Journal* publish signed editorial reading notices, in its most conservative of pages. It is exceedingly difficult to determine what is the truth, when working in a field so well occupied with liars, both in the trade and out of it, so we are somewhat at a loss to determine the status of the article in question. We are inclined to believe that neither Dr. Bartholow, nor the editor of the *New York Medical Journal*, would lend themselves to such a write-up scheme. There must be a mistake somewhere.

A CASE OF MASTOIDITIS WITH MENTAL DISTURBANCE.*

By GEO. H. POWERS, M. D.

ON September 14, 1902, Mrs. X. Y. entered St. Luke's Hospital, San Francisco, with a vague account of a severe disease of the left ear, from which she was supposed to have recovered. She was very nearly unconcious and entirely irrational, lying on her back, with the head turned a little to the right, shrinking from a candle held near the eyes and from a speculum inserted in the ear, otherwise showing no sensation or intelligence. The pupils were dilated, reacting normally to light, and there was no strabismus and no change in the fundus of the eye. There was tendency to opisthotonos and the abdominal walls were rigid and somewhat contracted, these conditions continuing until full consciousness returned, nearly three weeks later. There was no mastoid swelling or tenderness whatever, but sensitiveness in the left auditory meatus, and the meatus walls were somewhat swollen, just enough to render impossible a satisfactory inspection of the membrana tympani, and there was no sign of purulent or other secretion in the visible part of the meatus.

Incision of the drum membrane, as free as could well be made in an invisible field, was followed by a trifling hemorrhage and later by a few drops of pus, and had the effect of rousing the patient to a very talkative mood. After the pain of the incision was over she expressed relief, but could not control her thoughts or memory nor her tongue, but chattered on wildly, willing to be interrupted for the asking of a question, but unable to answer intelligently and resuming her irrational talk immediately. For two weeks the conditions remained much the same, alternating between comatose periods and lively irrational ones, during which she had to be tied to her bed and was kept there only with difficulty.

September 17, a lumbar puncture was made by Dr. Williams, interne, and pneumo-bacilli found. The same organisms were found in cultures made from the secretions of the ear. Patient was seen by Drs. Sherman, Evans, Kenyon, Donald Smith and several others during this time.

September 28, I decided to operate and freely opened up the antrum and mastoid cells down to the tip, finding no pus, but granular and polypoid detritus filling the cavities. As there was at this time no purulent secretion either in the ear or in the mastoid, I did not open communication with the middle ear. For a few days after operation the patient's condition was not improved, but rather worse, the tendency to opisthotonos and to stupor being greater, but before the end of the week improvement began in all directions and by the seventh day she was quite conscious and rational and went on to uninterrupted recovery, with perfect hearing in the affected ear. Highest temperature had been 101, highest pulse 110. Leukocytes 5200-7000.

My reasons for declining to operate when I first saw the patient were that, firstly, it was impossible at the time to find out any details of her previous illness beyond the bald statement that she had recovered from a disease of the ear; secondly, her symptoms seemed to me those rather of meningitis (hysteria was suggested), not certainly of aural origin; and, thirdly, I thought she was too near death to endure anesthetics and operation.

* Read at the Thirty-third Annual Meeting of the State Society, Santa Barbara, April 21-23, 1903.

CALIFORNIA COUNTY MEDICAL SOCIETIES.

NAME	PRESIDENT	SECRETARY	MEETS
Alameda County Med. Association	O. D Hamlin, Oakland	A. H. Pratt, Oakland	Second Tuesday
Contra Costa Medical Society	J. T. Brenneman, Martinez	J. S. Riley, Port Costa	First Monday, E. O. M.
Fresno County Medical Society	Geo. A. Hare, Fresno	Angus B. Cowan, Fresno	First Tuesday
Humboldt County Med. Society	R. Felt, Eureka	G. N. Drysdale, Eureka	Second Tuesday
Kern County Medical Society		Wm. S. Fowler, Bakersfield	
Kings County Medical Society	N. P. Duncan, Hanford	L. E. Felton, Hanford	Second Monday
Los Angeles County Med. Society	Rose Talbott Bullard, Los Angeles	C. G. Stivers, Los Angeles	First and third Friday
Marin County Medical Society	W. J. Wickman, San Rafael	W. F. Jones, San Rafael	First Saturday
Mendocino Co. Med. Society	E. W. King, Talmage	C. A. Poage, Hopland	Quarterly
Merced County Medical Society	Edw. S. O'Brien, Merced	Walter E. Lilley, Merced	First Thursday
Monterey County Medical Society	Thos. C. Edwards, Salinas	Dorus Brumwell, King City	First Saturday
Napa County Medical Society	Elmer E. Stone, Napa	J. L. Arbogast, St. Helena	Quarterly
Orange County Medical Assn	Wm. Freeman, Fullerton	H. S. Gordon, Santa Ana	Second Tuesday
Placer County Medical Society	Chas. H. Bulson, Lincoln	R. F. Rooney, Auburn	March '04
Riverside County Medical Society	Louise H. Clark, Riverside	W. W. Roblee, Riverside	Third Tuesday
Sacramento Society for Med. Imp.	Thos. Ross, Sacramento	J. W. James, Sacramento	Third Tuesday
San Bernardino Medical Assn	James P. Booth, Needles	J. H. Meyer, San Bernardino	Second Wednesday
San Diego County Medical Society	Fred Baker, San Diego	T. L. Magee, San Diego	First Friday
San Francisco County Med. Society	J. Rosenstirn, San Francisco	Wm. F. Barbat, San Francisco	Second Tuesday
San Joaquin County Med. Society	F. R. Clark, Stockton	W. S. Snedigar, Stockton	Last Friday
San Luis Obispo County Med. Soc.	J. S. Jackson, San Luis Obispo	E. A. Dial, San Luis Obispo	
Santa Barbara County Med. Assn	Chas. Anderson, Santa Barbara	W. B. Cunnane, Santa Barbara	
Santa Clara County Med. Society	W. T. McNary, San Jose	J. Lambert Asay, San Jose	Third Wednesday
Santa Cruz County Medical Society	Exeter P. Vaux, Santa Cruz	Saxton T. Pope, Watsonville	Quarterly
Shasta Co. Medical Society	O. J. Lawry, Redding	R. F. Wallace, Redding	Quarterly
Sonoma County Medical Society	J. W. Jesse, Santa Rosa	G. W. Mallory, Santa Rosa	Second Thursday
Tri-County Medical Society		S. T. Pope, Watsonville	
Ventura County Medical Society	J. H Love, Ventura	A. A. Maulhardt, Oxnard	First Monday
Yolo County Society for Med. Imp.	W. E. Bates, Davisville	F. R. Fairchilds, Woodland	
Yuba and Sutter Cos. Medical Soc.	J. H. Barr, Marysville	G. W. Stratton, Marysville	Quarterly

Secretaries of County Societies are requested to notify the JOURNAL of any changes in above directory.